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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

VANCOUVER, B. C., JANUARY, 1922

No. 1

## Officers of the Canadian National Association of Trained Nurses, 1921-1922

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## To the Nurses of Canada

For two years the question of a suitable memorial for our Canadian nurses who gave up their lives in the World War has been discussed. Definite action was taken at the annual meeting of the Canadian National Association of Trained Nurses in Quebec City. The time has come for action, if the memorial is to be realized.

A national committee has been appointed as follows:—Miss Jean I. Gunn, Toronto General Hospital, Toronto, Convener; Miss Katharine Davidson, 131 Crescent Street, Montreal, Treasurer; Miss E. McP. Dickson, President, Canadian National Association of Trained Nurses, Toronto Free Hospital, Weston; Miss M. C. Macdonald, Matron-in-Chief, Canadian Army Medical Corps, Ottawa; Miss Florence J. Potts, Councillor for Ontario, Hospital for Sick Children, Toronto; Miss Kate

Matheson, Councillor for Ontario, Riverdale Isolation Hospital, Toronto; Miss Annie Hartley, Matron, Dominion Orthopedic Hospital, Toronto; Miss Mary C. Stewart, Guelph General Hospital, Guelph, Ontario.

The national committee will work only through the provincial committees which each provincial association has been asked to appoint. A full list of all provincial committees will be published at an early date.

All information will be issued to members by the provincial committee of the province. Each member is asked to co-operate directly with her local organization.

JEAN I. GUNN, Convenor.

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## Home Life of the Pupil Nurse

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Perhaps, before giving a paper on "The Home Life of the Pupil Nurse," it would be well to give a definition of the words "A Pupil Nurse."

I take it that a Pupil Nurse is one who has entered a training school for the purpose of acquiring a knowledge of the moral, practical and scientific care of the sick.

The training school asks that the Pupil Nurse shall bring, as her contribution to this training, youth, health, enthusiasm, education, refinement, sympathy, a good reasoning power and, above all, a conscience. I do not think that any training school asking for these qualities is setting too high a standard, but how many hospitals in Alberta to-day, when writing the applicants and asking for these requirements, give in return any information as to the conditions under which these young women are to live during their three years' stay in the training school? How many hospitals tell their applicants that they will have to sleep four in a room; study (when they do) in that room; walk two or three blocks, in any sort of weather, from the hospital to their quarters—here no place where they may entertain their visitors—and this is an absolute necessity; and nothing is said about the food or the meals (perhaps this is wisdom) and often nothing is said about the care of the pupil nurse should she take sick, which is always a possibility. How many training schools prepare the pupil nurse for the probable cost of uniforms and text books—for these are not always free? The cost of them is taken out of the pupil nurse in some other way—and what about breakages; is anything said about these?



The training school should take care that, in giving them the knowledge for which they have come, it does not take from them any of the qualifications which they brought with them. For instance, is not a nurse who is forced to live in quarters blocks away from the hospital, walking to and from duty in all kinds of weather, liable to lose her health? Or is not a nurse who is forced to live with three others in one room, without even the apology of a screen for privacy, liable to lose some of her finer feelings? A returned army officer remarked to me one day, "It is not the actual fighting in the field that brutalizes our privates; it is the way they are forced to live—all huddled together like animals." Just so with our pupil nurses; this crowding together has a tendency to coarsen the finer feelings or refinement which we ask her to give as part of her contribution, and which is so very necessary for her to retain.

Looking over the curriculum, we find that the practical side of nursing is obtained on duty in the hospital, and the rest may be obtained in the Nurses' Home—where? in the home, in the class-room, in the study, if there be one, or in the bed-room?

This is what sometimes happens: Nurse No. 1 comes off duty, after an especially hard and trying time. She is fagged mentally and physically, she realizes that she must get control of herself, and so she goes to her room, opens the window, lies down and tries to go off to sleep. In a few minutes in rushes Nurse No. 2. "Say, I have only three minutes to get on the floor—missed the car at First Street." She slaps down the window, throws things around, panting and puffing, and rushes out of the room, leaving the door open and the room in a turmoil of boots, outside garments, etc. No. 1 must get up, close the door, open the window, and lie down again. No. 3 comes in with some gossip that she must, simply must, tell, some good joke (on the doctor?) and in a few minutes perhaps No. 4 comes in, and then where can poor Nurse No. 1 get her rest? I think it is only a nurse who really understands the full meaning of the word "tired."

I remember making rounds one day with my Superintendent. A patient told her she had been unable to sleep for nights. I ventured a remark on leaving the room. "I could give her something to make her sleep, Miss H." I was asked what that would be and replied, "I would leave Kimber's Anatomy by her bedside." I find I haven't even to open the cover. My superintendent laughed—she understood.

Then there is the much debatable question of the place where the Pupil Nurse may receive visitors—under proper restrictions of course; where the Pupil Nurses may have some form of entertainment, a dance occasionally, to which they invite their friends, a Christmas Tree, a Hallowe'en party, etc. This is a form of training in the courtesies of social life which is an absolute necessity, and which it behooves the

training school to provide for its pupils in training.

Then, there is the question of the food supply. No one deserves more, and should have the very best of good, wholesome food in abundance, than the Pupil Nurse. There should be no waste allowed, but there should not be the feeling that if a second helping is taken by anyone nurse that someone else will have to go without.

A nurse comes off duty tired and weary and goes into the dining-room and finds HASH served up. Now hash, in limited quantities, is very good, but not served with clock regularity so many times a week—and so she leaves and goes off hungry.

Student government is very valuable in the training school, as most young women who enter the nursing profession do not have the irresponsible attitude that sometimes makes student government a failure. Nurses realize very early the seriousness of their responsibilities.

First of all the foundation of this government should be a group of nurses with high ideals and a superintendent who has their confidence and respect. Given these conditions, the weaker nurses will be strengthened and the undesirables soon weeded out.

Class government teaches them organization work. With these, each class conducts its own affairs, subject of course, to the sanction of the superintendent. This creates an individual pride in each class and loyalty to the school is instilled into all.

To cultivate and encourage the faculty of observation so necessary in the sick room, I have tried out a scheme at the Royal Alexandra hospital, which is working very well and gives a real training.

A Pupil Nurse is detailed to make the rounds of the rooms in the Home every day and report to me as to the way the rooms of the Pupil Nurses are kept.

If we wish to raise the morale of our training schools and the dignity of our calling; if we wish to induce persons of a superior class to adopt it in increasing numbers, you will agree with me, I think, when I say that each pupil should be given the encouragement and privilege of attending some form of religious service at least once a week, that there should be attached to every training school a home under a matron, whole-hearted, loving girls, and capable of gaining and keeping their confidence.

Each nurse should have a separate bedroom, however small a place, that is her own and for which she is responsible.

There should be a study for each class and common dining and recreation rooms.

FRANCES MACMILLAN.



## Nursing in Disasters

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In contrast to the many shocking and devastating results of the war was the epoch-marking decision of all the Red Cross Societies of the world, gathered last year in convention. Appalled by the staggering amount of disease and defect brought to light through the mobilizing of the man-power of the civilized world, and impressed by the burden of suffering apparent in the war-worn countries, they unanimously resolved to show themselves to be on the battle-fields of peace the same beneficent force they had long proved themselves in war. This world-embracing programme for the promotion of health, the prevention of disease, and the mitigation of suffering, is the most inspiring ever planned by men. Canada even earlier recognized this new call to service, and has now her great part to play in this programme. The progress in such a campaign must necessarily be slow, but from the first nurses will have their glorious share in it. In the *International Journal of Public Health*, the official health journal of the League of Red Cross Societies, the Director of Public Health for the League writes, "In the campaign against disease the nurse is not merely an agent for the alleviation of suffering, but also the most powerful force at our disposal for its prevention and control."

But while forces are being mobilized and the plan of this campaign perfected, there may come to any community some sudden overwhelming disaster, flood, fire, tornado, earthquake, explosion, wreck or epidemic. In any of these the services of doctors and nurses will be required, for there is no such disaster but has its toll of injured. Skilled care from the outset may mean the difference between life and death, and will surely lessen the amount of suffering. Nurses, in addition to their service to individuals, can do much also in such chaotic conditions as accompany a disaster to enforce sanitary regulations, to prevent the spread of contagious disease, and to detect incipient or unreported cases of sickness. In all disasters one of the most important factors in efficient medical relief is time. Every hour saved in bringing skilled assistance is of inestimable value. Then how can we assure the speedy mobilization of the necessary personnel?

Recognizing that the suffering in disaster calls no less loudly than the horrors of war on its merciful activities, the Red Cross Society of Canada has announced that one of its primary functions shall be "to assist in relief operations in the event of national disaster and always to be prepared to take prompt and effective action." In September, 1919, the Canadian Red Cross adopted the resolution that "each provincial branch should be requested to compile a card index or register containing the names and addresses of doctors, graduate nurses, short course nurses,

certificated V.A.D.'s, and other voluntary workers who would be called upon in cases of emergency."

Canadian nurses who responded so promptly to the call in the Great war and served so devotedly will be quick to see in this an opportunity for patriotic service no less compelling. Already enrollment has been established in British Columbia, Alberta, and Saskatchewan, through the provincial associations of nurses. In the other provinces it is expected that arrangements for enrollment will be completed very soon. By the form of pledge generally used, nurses who at the moment of call are engaged in work which would be seriously affected by their absence, are excused from service. The remuneration for service given in disasters is arranged by the nursing association of the province and the Red Cross.

To the graduate nurses in the west who have not yet put their names on the register, the Red Cross says, "Hasten to fill up the ranks of those ready to be called, so that in every centre of your province there will be trained nurses who may be located without a moment's delay when the need is crucial." To the nurses in the provinces now planning preparedness, it says, "Watch for the opportunities which will shortly come to you to enlist in the ranks of the emergency forces now being mobilized to overcome the suffering consequent on sudden disasters. Let us remember that in service, as in material gifts, the old Latin adage holds good, 'He gives twice who gives quickly.'"

V. A. MACDONALD, R.N.,  
Director of Emergency Service, Canadian Red Cross.

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God has no end of material  
For prophets, priests and kings;  
But what He needs is volunteers  
To do the little things.

---

#### RECIPE FOR MAKING A GOOD NURSE.

Mix together equal parts of pluck, good health, and well-balanced sympathy; stiffen with energy, and soften with the milk of human kindness; use a first-class training-school as mixer; add the sweetness of a smile, a little ginger, and generous amounts of tact, humour, and unselfishness with plenty of patience. Pour into the mould of womanhood; time with enthusiasm; finish with a cap; and garnish with ambition. The sauce of experience is always an improvement to this recipe.—*Alumnæ Record, Buffalo General Hospital.*



## The Peace-Bringer

---

God of our nation!  
Great captain of its soul!  
Behold, we march before Thee on parade;  
Our ranks are broken and our lines are frayed.  
Thou Who didst grant our comrades their parole,  
Grant us Thine aid.  
God of our nation!  
Fortress our Faith,  
Till Thy Great Good eternally increase,  
Bringer of Peace.

God of our living!  
Great Captain of our dead!  
Before the inquisition of Thine eye  
We pause abashed—Our pomp and pageantry  
Are buried with the bones of those who bled.  
Dare we ask why?  
God of our living!  
Strengthen our Hope—  
That tears of little children all shall cease,  
Bringer of Peace.

God of our people!  
Great Captain of our land!  
The promise stands—"A little child shall lead!"  
Thou knowest—only Thou—how great our need.  
For somehow we have failed to understand  
In thought or deed.  
God of our people!  
Quicken our Love!  
With healing in Thy hands our bonds release,  
Bringer of Peace.

*Blanche E. Holt Murison.*

---

In every overcoming  
Of the sin that we refute,  
Our souls are better, stronger,  
For the forbidden fruit.—*Maud Merrill*

## Editorial



A very happy New Year to the Canadian nurses, and all sorts of prosperity for us and all we come in contact with in our daily lives.

One cannot help but feel that a decided change for the better has taken place with the results of the Peace Conference at Washington and the arrangements for settling the Irish question on a fair and equal footing with other of His Majesty's dominions. May we each and all help in our own way and with our own opportunities to further every plan for the betterment of Canada, irrespective of whether it quite suits our own idea of what should be.

Help for the *Canadian Nurse* is always a New Year and an all-the-year-round appeal to the graduate nurse of Canada, and it is sometimes asked by friends of the magazine in what way they could help in addition to subscribing themselves and urging others to do the same, and by sending material for its pages. In this connection, there is another way of helping which is often forgotten by our readers. If a reader, buying anything or getting benefitted in any way by our advertising sheets, would only specify that she read the advertisement in the *Canadian Nurse*, she would give a two-fold help. Advertising is a business proposition to business men, and they naturally favour the source from which direct benefit is obtained. Please remember to mention the *Canadian Nurse* magazine when buying goods or service advertised.



## Letters to The Editor



Dear Madam:

As the *Canadian Nurse* is the one source from which the general public may obtain information concerning nursing progress in Canada, it is important that all such information should be accurate. Particularly is that true, as the paper is our official magazine, and is being filed by our libraries for use as reference material.

For the above reason may I correct a statement made in an announcement which appeared in the October number under the title "An Announcement Concerning the C.N.A.T.N. Scholarship." This states that "McGill University was selected by the C.N.A.T.N. at their convention in Fort William in 1920 (as the university in which the scholarship



should be given) because it was the first university to give a full years post-graduate course to nurses." I understand that McGill was chosen, as it was the only Canadian university which offered special training to fit nurses for teaching in hospital training schools. The nurses assembled in convention at Fort William felt that better teaching in the training school was the fundamental need in their profession and, therefore, decided that their first scholarship should be given to a nurse who would take the teachers' course.

I should like to add the following facts concerning the earliest Canadian university courses for nurses:—

1. The University of British Columbia was the first to establish a department of nursing. In 1919 the combined five-year Arts and Nursing course was inaugurated there for the *undergraduate* nurse.

2. Dalhousie University was the first to establish a public health course for nurses, as it began that work in February, 1920. That was the first *post-graduate* work for nurses in Canada in the sense that it was given to graduate nurses only. It was a six months' course, approximately equivalent to the full academic year at Dalhousie, but did not coincide with the regular academic year. Later that adjustment was made.

3. The University of Toronto, McGill University, and Western University, London, all established their nursing departments at the beginning of the academic year 1920-1921. Toronto and London give a course in public health nursing only. McGill has the course in public health nursing and also a course for both teachers and administrators of training schools. The work at all three of these institutions is also arranged for graduate nurses only.

In November, 1920, the University of British Columbia added a course in public health nursing to its former curriculum, and in January, 1921, the University of Alberta also started the same work.

The special course for teachers in schools for nurses will form a part of the five-year combined course at the University of British Columbia, as the student in her fifth year may elect to specialize in either Pedagogy or Public Health.

May I ask that this letter be published in the next issue of the magazine.

Sincerely yours,

E. KATHLEEN RUSSELL,

Director.

---

Dear Madam:—

I think it a pity that the "sympathetic" article on "Private Duty Nursing" by "A Special," which appeared in the current issue of the

*Canadian Nurse*, could not be placed before a reading public not altogether composed of graduate nurses. With this idea in view, I have marked my copy and sent it to a local daily, in the hope that they may some day find space for it.

Sincerely,

R. N.

---

## News from The Medical World

BY ELIZABETH ROBINSON SCOVIL.



### CANCER IN MADRID.

In a study of malignant disease in Madrid in the last twenty years, it is stated that the women affected out-numbered the men in each of the years. Cancer of the digestive tract showed a much greater increase than that of genital organs. The mortality in pulmonary tuberculosis showed a constant rate of 60 men for each 40 women; in cancer the ratio was exactly reversed. In the practice of one physician, cancer of the larynx occurred almost exclusively in men. Should this prove so elsewhere, it might suggest the possibility of organotherapy and prophylaxis.

### A PAY CLINIC.

A much-needed clinic has been inaugurated at Cornell Medical College in the city of New York. It is meant to meet the needs of the large class of people who need advice and treatment by specialists, yet who are unable to pay the usual large fees but are not objects of charity. The minimum fee is \$1.00 a visit, a diagnosis requiring laboratory investigation, and group consultation costs \$10.00. A physical examination to ascertain if physical defects are present is given for \$2.50, and also advice as to hygienic living. Prominent specialists are at the heads of the several departments. The physicians doing the work receive compensation for their services.

### HEALTHY ENGLAND.

The chief officer of the Ministry of Health states that no epidemic of any kind occurred in England in 1920, and only 60 per cent. of the populations received medical treatment.

### JUSTIFICATION OF PROHIBITION.

Sir Alfred Pearce Gould, presiding at a meeting of the Royal Society of Medicine, London, said the one thing which justified prohibition was the great physiologic fact of the influence of alcohol on the human body. Anything which thwarted or lessened the power and development of the body could be rightfully prohibited.



## LACK OF TRAINED NURSES IN JAPAN.

It is stated that medical science has made remarkable progress in Japan during the last twenty or thirty years. The Kitasato Institute and the Medical Schools of the four imperial universities would be a credit to any country. Unfortunately the hospitals still present a pitiable appearance, largely due to the total lack of well-trained nurses.

## MEDICINE IN CHINA.

The Rockefeller Foundation has been erected and is to maintain the new Pekin Medical College. It is intended to be a demonstration in medical education and scientific approach to problems of health and disease for the entire Far East. It trains for service in other institutions throughout China. The interiors of both laboratories and wards represent the most modern development in western building and equipment.

## MIND AND BODY.

In an address at Charing Cross Hospital, Sir Frederick Mott told the students that physicians had neglected too much the influence of the mind on the body and the body on the mind. The consequence had been Christian Science, faith healing, neuro-induction and other forms of inspiring faith. Before the war it was thought that the neuropathic tendency was much stronger in women than in men. Conscription showed that a large percentage of men were liable to neurosis, hysteria and neurasthenia, provided the strain was sufficiently severe.

## CHAULMOOGRA OIL.

The plantation of chaulmoogra trees in Honolulu has been enlarged by the addition of 4,000 trees. It is desired to furnish an adequate supply of oil for the treatment of leprosy by the method evolved by Dr. Arthur Dean, president of the University of Hawaii.

## PRENATAL NEGLIGENCE.

The Canadian Medical Association Journal strongly recommends that more attention be paid to the prenatal care of women. Two thirds of the total loss of infant life, including mis-carriages and still-births, is due to prenatal or natal causes. Two thirds of the recorded loss of infants born alive at full term are due to nutritional diseases or to infectious diseases, the former largely dependent on artificial feeding as against proper nursing with human milk. Proper training and instruction in the care of children should be provided by courses in house-wifery in the public schools designed for girls from the age of 12 upwards, following the extremely successful plan in force in New Zealand.

## PREMATURE LOSS OF HAIR.

An authority says if the scalp is bald there is no use in attempting to restore the hair. In early cases, massage, sun bathing, high frequency treatment and ultra-violet therapy will help to delay the process.

# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Quebec

Miss Sarah Fraser,  
110 Crescent Street,  
Montreal.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
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### Manitoba

Miss Elizabeth Jeffers,  
Suite 11A, Justin Apts.,  
Fleet and Doley Streets,  
Winnipeg, Man.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

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## Public Health in Montreal

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The safeguarding and maintenance of health is now understood to be a vitally important concern of all men and of society through the civilized world.

"Health" is the right of the individual; it is the wealth and progress of the country; it is the great need of humanity.

Much has been done, and great improvement has been noticed in the vast field of health education, yet, much remains to be done. Higher and more perfect ideals have to be reached. The success of this war against disease and death is based upon a perfect understanding and interrelation of interests on the part of the lay and professional man, and a true co-operation of citizens in general.

National public health organizations have been formed in different parts of the world; these are divided into local organizations, of which



each city can boast, namely, the Board of Health, which controls all laws of sanitation and hygiene. In Montreal there are nine sub-divisions of this department, consisting of: Sanitary Inspection, Contagious Disease, Food Inspection, Medical Control, Municipal Assistance, Public Amusements, Child Hygiene, Vital Statistics, Laboratories, where the functional work and activities are carried on in their respective manner.

Scientific and capable workers co-operate daily in the welfare of humanity, their ruling motive being unselfish devotion and loyalty to the health of the public.

The Division of Child Welfare carries on an extensive work, by an uninterrupted supervision from birth until the termination of the child's school career.

The staff includes:—1 Superintendent, 1 Assistant Superintendent, 1 Stenographer Typist, 2 Clerks, 17 Physicians, 1 Dentist, 1 Nurses' Supervisor, 33 School and Public Health Nurses, 1 Nurse Supervising Babies' Farms, 4 Assistant Nurses and 1 Sanitary Inspector.

The imperative need of this department is seen by an analysis of the yearly declining death rate, chiefly in babies, due to the education of the mother in her home, by visiting nurses, to the 18 baby welfare centres, and 2 camps in parks, etc., with 18 physicians and 36 nurses in attendance, and the 15 groups of League of Little Mothers formed of school girls from 12 years up, where essentials of infant care are taught.

Our future citizen is also closely followed up throughout his school career by the physical examination, conducted in our schools by physicians and nurses of the department. This supervision is made up in two sections, (a) a thorough examination which is under the exclusive control of a physician, (b) a partial examination made by the nurse under the direction of the physician. She also does emergency dressing and follows the child as to general cleanliness.

If we go back and read of epidemics and their excessive death rates of but few years ago, we see an improvement which we cannot help but appreciate.

The early recognition and immediate notification of contagious disease is the foundation of arresting epidemics which have been such a menace to the public. Communicable disease is often detected by a visit from the school nurse, investigation in the homes of the absent school children under her charge, thence comes the protection of a whole school. The nurse's work is still extended by seeing that help is given to the poorer children in numerous dispensaries, of which Montreal is really proud, and where thousands of children are treated yearly.

Statistics are carefully recorded in different offices, occasional meetings of administrative and field workers are held for any interchange of

ideas that might better the great cause. I might add that every public health worker must strive to accumulate knowledge by attending lectures, by reading invaluable literature, which may be obtained through local and official magazines, such as "The Canadian Nurse," which is far reaching, beneficial and of practical and educational value.

A. DUPUIS, P.H.N.,  
Division of Child Hygiene, Montreal.

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### **"The Wise Men"**

(Copied from a local paper. By permission of the Editor, Mr. Tuckwell)

---

Now it came to pass in a certain western land that the people thereof were grievously oppressed and bowed down under the burden of their taxes, which were very great; insomuch that there was great tribulation and much lamentation and gnashing of teeth.

And they said one unto another: "Woe be unto us! How shall we live beneath so great a burden of taxes? Let us arise and go abroad—even unto Russia—for there are no taxes there!"

Then a certain wise man who was also a ruler in the land, and possessed of great wealth—for he was very rich—arose in his place and said: "Let all the rulers of this land, and all the wise men, gather themselves together in one place, and we will hold counsel, and consider together, so that, if it be possible, we may find a way to rid ourselves of this grievous burden of taxation."

So they gathered together all the wise men and all the rulers of that land, and they met in the city, and they held counsel together, and had much converse, to see if it were possible to rid themselves of their grievous burden of taxation.

But without avail; and they were much depressed and greatly cast down because they could find no way to rid themselves of this burden which lay heavily upon them.

And they were about to depart, and disperse to their homes, because they said, "It is not possible to find a way!"

Then a certain man of great wisdom arose and said unto them: "Harken ye unto me, and I will show you how it shall come to pass that ye may rid yourselves of this grievous burden of taxation"

And they with one accord began to listen; and he said unto them: "Know ye not that there is in this land a certain Trained Nurse, who goeth forth among the people, and among the young people, to heal them of their ills and guard them from grievous sickness. Now, therefore, let us discharge this Nurse, and we shall save for the people the



Three Hundred Pieces of Silver which it is the custom to give her." And they all cried out as with one voice, "So let it be!"

But when the people of the land heard of it, they said unto the wise men, "Do not do so!" And they came unto the council chamber and stood by the door thereof, and said unto the wise men: "Because the Trained Nurse goeth among us and doeth much good to our children—for she hath saved the eyes of this one, and hath warded off a pestilence from this, and hath taught us much that is good for our children, that they may live in health and wax strong—now therefore, we pray thee to let us keep the Trained Nurse, and we will do without one of the cement bridges which thou makest for us. Or, if you will not do so, let us keep the Trained Nurse, and we will pay the Three Hundred Pieces of Silver without murmur."

But the rulers of that land said unto the people: "Go to! For we will not keep the Trained Nurse to be a burden unto you, and to add to your taxation. Neither will we do without one of the cement bridges which our flivverists need. But we will save for you the Three Hundred Pieces of Silver."

Then the people were grieved, and went away sorrowing, because they had lost their Trained Nurse and her ministrations.

But the rulers of the land arose rejoicing, because they had saved the people's money. And they said one unto another, "Let us hie us to the Drug Store and there spend our share of the money which we have saved for the people and for ourselves."

And they arose with one accord, and each purchased for himself a two-bit cigar. And thus they spent the money which they had saved for themselves by the discharge of the Trained Nurse.

And verily there was great contentment in that land from that day onward.

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The Public Health Section of the Canadian National Association of Trained Nurses has been asked by the Ontario Committee on Public Health Nursing to consider the question of standards of Public Health Courses in Canada. Each provincial representative will be requested to assist in determining what should be required as a minimum standard for such courses.

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The first conference of the county public health nurses in the province of Nova Scotia was held at Truro this autumn. The seventh annual meeting of the Provincial Medical Health Officers was held at the same time.

In the morning the nurses, fourteen in number, assembled separately



for conference relative to their work. Before the meeting opened for business or discussion, the members were addressed by the Provincial Health Officer, Dr. W. H. Hattie, on the work accomplished during the initial year of provincial public health nursing, with suggestions and respective plans for helpful achievements during the coming year and years. The nurses were invited to attend the afternoon and evening sessions of the Medical Health Officers' meetings, at which many interesting and instructive papers were read.

The nurses and medical health officers were guests for afternoon tea at the home of the local health officer.

It is anticipated that this conference may be held annually, and that it may include all nurses in the province who are interested in public health work.

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## Department of Nursing Education

Conducted by the Canadian Association of Nursing Education



### **The School for Graduate Nurses, McGill University**

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During the spring of 1919 the first report re the establishment of a department for graduate nurses was presented to the corporation of McGill University. This report had been prepared by Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, and Miss Grace Fairley, Superintendent of Nurses, Hamilton General Hospital, (at that time superintendent of nurses, Royal Alexandra Hospital, Montreal) with the co-operation of several physicians, and the advice of Miss Isabel Stewart, assistant professor of nursing, Department of Nursing and Health, Teachers' College, Columbia University. A committee was then appointed, with Professor Dale, now of the Social Service Department, Toronto University, as chairman, and a report was prepared. Owing to various circumstances, no further action was taken until March, 1920, when Professor Dale, who was leaving McGill, resigned from the committee, and Miss Helen R. Y. Reid was appointed to take his place. Miss Reid is most keenly interested in all that concerns the health of the community; she is a very active member of the Dominion Council of Public Health, and very conscious of the need in Canada of qualified Public Health Nurses. As a result of her untiring efforts, on June 28th, 1920, a final report, which had been approved by a committee of nurses and by the Medical Faculty, was presented to the corporation, and a month later the establishment at McGill of a "School for Graduate Nurses" was endorsed by the corporation and governors.

The first report had put forward the need in Canada of University courses to prepare graduate nurses for positions of responsibility as teachers and administrators in training schools and hospitals; the final report added to this the need of nurses qualified to do public health work. The establishment of the new department was made possible by the generosity of the Quebec Provincial Red Cross, who agreed to finance the undertaking for three years. I feel it is only just that the nursing profession throughout Canada should recognize the debt owing to Miss Reid and to the Red Cross Society for having secured for them the opportunities which are offered by the School.

The school opened the beginning of October with fifteen students; nine of them registered for the course for Instructors and Supervisors; and six for the course in Public Health Nursing; two of the latter dropped out during the year. Thirteen, however, proved for once a lucky number, and all passed their examinations successfully. First class marks were obtained by everyone in some subjects, and by several in many subjects. Many complimentary remarks were made to the Director on the students' work. The class made good in every way; they were so keen that it was a pleasure to teach them. And so the year passed quickly, and on the 28th of May the Department of Physical Education, the Department of Social Service, and the School for Graduate Nurses, held joint graduating exercises, and the thirteen students received their certificates.

Inquiries are frequently made as to the demand for graduates of the school, and so it may be of interest to know that there have been many more applications for both instructors and for public health nurses than could be filled. Miss Black, president of the class, is now superintendent of the General Hospital, Prince Rupert; Miss Panton is superintendent of nurses, Hospital for Sick Children, Toronto; Miss McCammon is on the staff of the Montreal General Hospital; Miss McPherson is supervisor, Hamilton General Hospital; Miss Kingston is instructor, Stamford Hospital, Stamford, Conn.; Miss Sharpe is visiting instructor, Montreal; Mrs. Young is instructor, City Hospital, Saskatoon; Miss Watson, who was head of the class, is on holiday in California,—she has had several good positions offered to her; Mrs. Lemasnée is not working at present. The above are graduates of the course for instructors and supervisors.

As to the graduates in Public Health Nursing, Miss Slattery, who was head of the class, is working in Grande Mere; Miss Liggett in Truro, N.S.; Miss McCombe is on the staff of the Women's Directory, Montreal, and Miss James is with the Victorian Order of Nurses. The majority of the class keep in touch with the school; this is gratifying, as its sphere of usefulness is thus increased.



The present session has opened under encouraging circumstances. We are fortunate in having Miss Elizabeth Smellie as instructor in public health nursing and supervisor of field work. She is a graduate of Johns Hopkins Hospital School of Nursing, and of the course in Public Health Nursing conducted by Simmons College and the Instructive District Nursing Association of Boston, Mass. Miss Samuel, late superintendent of nurses, Roosevelt Hospital, N.Y., and Lakeside Hospital, Cleveland, is instructor in Training School supervision and administration. In place of our students sharing classes in anatomy and physiology and in preventive medicine, organized for students of the Physical Education Department, as was the case last year, special courses in these subjects, with good laboratory work, are being given by Professor Simpson and Professor Starkey of the Medical Faculty. Other changes have been made which we hope will add to the value of the courses given. The school owes much to the co-operation of the Departments of Physical Education and of Social Service; their interest and help in its establishment and in its work have been of great value.

Hospital boards throughout the country have come forward most generously with scholarships for the instructors' course. Three are given by the Hamilton General Hospital; two by Jeffrey Hale's Hospital; and one each by the Hospital for Sick Children Toronto; the Royal Victoria Hospital, Montreal; and the Montreal General Hospital. We have six students in public health nursing who are receiving scholarships from the Victorian Order of Nurses. In addition to these scholarships, we have this year one given by the C.N.A.T.N., and one given by the Association of Registered Nurses of the Province of Quebec.

This session there are three courses offered; one in Public Health Nursing, one for Teaching in Schools of Nursing, and one for Administration in Schools of Nursing. In all, twenty-one students have registered; besides these, a few local nurses are taking some lectures as partial students.

So one hopes that the work will go on increasing in usefulness, serving the cause of nursing education that is so dear to us all; and thus serving the still greater cause of community health and happiness.

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As the year goes by, my dear,  
As the year goes by,  
Let us keep our sky clear,  
Little you and I.

Sweep up every cloudy scowl,  
Every little thunder-growl,  
And live and laugh, laugh and live,  
'Neath a cloudless sky.—*Anonymous*



## Private Duty Nursing Department



The above photograph shows the staff for one day at the nurses' dining tent at the Canadian National Exhibition, held in Toronto from August 27th to September 10th, 1921.

The nurses conducted this tent as the first step in a campaign to raise sufficient funds for a residential club-house for private duty nurses, and, as this venture of the private-duty nurses of Toronto proved such an unqualified success, we thought a short history of the venture might prove of interest to others.

The nurses rented a tent providing accommodation for four hundred, purchasing all necessary equipment, such as tables, chairs, kitchen range, tea, coffee and hot water urns, dishes and cutlery. The nurses themselves took full charge of the dining room, and, in fact, did everything but the cooking.

All the service given by the nurses was voluntary, each giving what time she could when off duty, and though this represented a lot of work and hard work, the nurses felt amply repaid when, at the close of the exhibition, they were able from the proceeds of their venture to pay for all equipment and still have a fair surplus, which amount has been considerably augmented by the proceeds from a bazaar held on November 25th and 26th.

This venture was undertaken because hitherto the private-duty nurses of Toronto have never had a suitable place where a sick or convalescent nurse could be properly taken care of at a comparatively small sum, their resources at the present club-house, 295 Sherbourne Street, being limited to three rooms, no skilled care, and a charge of \$18.00 per week, these rooms being usually occupied by transient guests.

The private-duty nurses have at the present time no assembly hall for large meetings. The present club-house may be used for small meetings on payment of a fee, in addition to a rental of \$50.00 per month for two rooms occupied by the Central Registry. It will readily be seen that, with a membership of one thousand nurses on the Central Registry, the need for a more commodious club-house is an imperative one, and we hope, by united effort on the part of the nurses and the help and good wishes of their friends, that their hopes may soon be realized.



To the C. A. M. C. Nursing Sisters,—

Many thanks for kindly words of welcome and cheer to this department. Yours is the first welcoming hand extended to us and is much appreciated. Your good wishes are freely reciprocated.





In the September number of the Pictorial Review there appeared an article entitled "The White Capped Famine," and in the October issue there appeared a second article, entitled "100,000 girls wanted for sub-nurses," a synopsis of which appeared in the Toronto Star Weekly of October 8th, entitled "Nurses are Selfish, thinks Dr. Mayo."

The following article is a reply by the Convener of the National Committee of the Private-Duty Nurses' Section, which appeared in the Toronto Star Weekly of October 29th:—

**Nurses are Not Selfish or Overpaid. Toronto Nurse's Reply to Dr. Mayo**

**Fifteen Hours a Day Without Overtime are Not "Union" Hours**

BY EDITH GASKELL.

As some rather serious misconceptions of the facts in regard to conditions prevailing in Canadian organizations of nurses have arisen out of an article which appeared in The Toronto Star Weekly recently, entitled "Nurses are Selfish," and consisting of extracts from an interview with Dr. Mayo. I would like, as convener of the private duty section of the Canadian National Association of Trained Nurses, and on behalf of the Canadian private-duty nurse, to correct any such misconceptions of conditions as they are in Canada.

In the first place, Dr. Mayo states that "the nursing union has come to be the most autocratic closed shop in the country." We have no nurses' union in Canada, nor in any of our nurses' organizations do the principles of a union obtain. For example, the members of a union on a job refuse to work alongside a non-union man, but the members of a Canadian nurses' organization welcome the co-worker on a case, no matter who she is. A member of the bricklayers' union charges a dollar an hour is a maximum eight-hour day, with time-and-a-half for overtime and union holidays. The graduate nurse on a case charges fifty cents an hour for a maximum of ten hours, and charges nothing extra for overtime, holidays and Sundays. A resident nurse on a case charges forty cents an hour for a fifteen-hour day, but if the patient's condition is critical and her services are required for a longer period, she gives that time gratuitously.

This means that the nurse who is the only nurse on a private case in a home, and is entitled to have, out of every twenty-four hours, six hours undisturbed rest and three hours' recreation, far too frequently gets neither; nor does she receive any remuneration whatever for the sacrifice of those two most essential things in life of everyone, but especially so in the case of those who devote themselves to the care of the sick.

There is no "collective bargaining" in the nursing profession. If the conditions prevailing in the home in which the nurse is employed are



not such as meet with the approval of the nurse or her fellows no nursing organization takes up her grievance. The nurse must assume these conditions as a personal affair and deal with them accordingly. The member of a union is provided for during periods of unemployment. No such provision is made for the nurse. Indeed, there is no more precarious means of livelihood than that at the disposal of the trained nurse who is entirely dependent for her employment upon the amount of sickness in the community. When this is small, she earns nothing, but must still pay her expenses.

The interview also states that "The ministrations to the sick and dying cannot be bound by hard and fast laws. They are the divine right of the poor as well as the rich." No one appreciates more fully the truth of this statement than the private-duty nurse, as clearly evidenced in her very elastic arrangements with regard to hours of service and remuneration therefor.

Dr. Mayo claims also that the nurses of the present day have placed a prohibitive price upon their services. This would be an absolutely untrue statement of conditions in Canada, where the services of a professional nurse are easily obtainable for the rich and the poor. It is, unfortunately, the large class of people of only moderate means who are not provided for.

To a logical mind it would seem absurd that the most poorly paid of all skilled workers should be expected to assume the financial burden of providing adequate nursing service for people less needy than the nurse herself. For too long a time the nurses have patiently listened to unjust accusations of failure to assume their responsibilities in this matter, but no one has made even a constructive suggestion as to how such a scheme of service could be worked out.

As good citizens, the nurses are willing to assume their fair share of the responsibility in any scheme that may be adopted by those interested. Indeed, so keenly have the nurses, as citizens, felt the lack of provision in times of sickness in the homes of that important but low-salaried class in every community, that they have for some time been working on a scheme by which hourly nursing by the skilled nurse may be provided in the homes of this group.

It ill-behooves Dr. Mayo to accuse the nursing profession of commercializing their services, when he has so satisfactorily commercialized his own profession, that, without beggaring himself, he has been able recently to donate two million dollars to Minnesota University; while the graduate nurse, who worked during all the period of the war for twenty-nine cents an hour, asking no increase, as every other worker was doing, wherewith to meet the excessively high cost of living, had annually less than one hundred and fifty dollars to provide for clothes,

dentistry, charities, recreation, sickness and old age.

To sum up, Dr. Mayo would place upon the graduate nurse the responsibility of providing a more adequate nursing service for the public than she has done in the past. He says: "Nurses must work longer hours for less pay," and at the same time he states that "every graduate nurse should have a fair wage and a chance to enjoy the best in life." If Dr. Mayo can explain how she is to do this, as he suggests by working more than eleven or fifteen hours a day for less than from forty to fifty cents an hour, he will have solved to a great extent the problem of providing more adequate nursing service to the community.

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## The World's Pulse

(BY ELIZABETH ROBINSON SCOVIL).



### MAIL BY AIR TORPEDO.

The French air pioneer, Mr. Louis Brequet, foresees the time when letters from London or Paris will be placed in tele-pavions, or aerial torpedoes, controlled by wireless, in the evening and be delivered in New York the next morning.

### LONGER LIFE.

Experiments have been conducted in England by which the lives of butterflies have been prolonged for five or six times the normal period. On alternate days they were kept in temperature just above the freezing point, or about blood heat. They layed  $2\frac{1}{2}$  times the normal number of eggs and lived from 30 to 35 days. The usual period of life is 6 or 7 days. This new line of research may produce results that can be applied to human beings.

### RECORDING WIRELESS.

At a lecture given at the Royal Society of Arts, London, music and speech, telegraphic signals and messages in Morse code sent by wireless were recorded by a phonograph. This not only gives a permanent record but enables a very rapid morse message to be reproduced on a phonograph at a far lower rate of speed, so they can be comfortably read.

### THE IMPERIAL FRUIT SHOW.

The Daily Mail, under whose auspices the fruit show was organized, says, "One of the most varied and brilliant displays at the show



was that made by the Canadian Government. The staff in charge representing the Canadian Government Fruit Branch, Ottawa, answered numberless enquiries and distributed 50,000 booklets, containing 150 recipes for cooking apples.

#### LONG DISTANCE WIRELESS.

A wireless message has been sent from Wales to Australia. President Harding pressed a key at Washington which dispatched the first message sent from the new radio station on Long Island. England answered immediately and Germany followed closely, while the message was flashed to Melbourne and so around the world. The enormous range is due to a new invention known as the alternator, which immensely increases the efficiency of the wireless apparatus.

#### MAIL BY AIRPLANE.

Letters for the Upper Congo can be forwarded from England by the airplane service between Kinshea and Stanleyville in connection with Belgian steamers. In some cases eleven days is saved.

#### MEMORIAL TO SCOTTISH NURSES.

The Dowager Countess of Airlie unveiled in St. Giles' Cathedral, Edinburgh, a memorial to forty Scottish nurses who were killed by enemy aircraft or died at the front from illness.

#### POPULATING THE DOMINION.

The Agent General for British Columbia thinks that Canada may be in a more precarious position than Australia as regards foreign population. In twenty years 63,096 Japanese, Chinese and Hindus have settled in Canada, and any day the stream may become an avalanche. It is suggested that, to encourage suitable immigration, some arrangement along the lines of the soldier settlement scheme should be made. The man on the farm is a permanent investment.

#### DEW OF DEATH.

A deadly chemical, evolved by the war, was discovered by Capt. Lewis of the United States army. It is called Lewisite and is a faintly yellow liquid, three times more dangerous than the terrible mustard gas. Three drops placed on the abdomen of a mouse killed it in two or three hours. Some of the new poison gases may be used in peace. Cyanogen bromide is useful for killing rats and vermin and is safe to use. Chloroacetylene causes smarting and very profuse tears; huge crowds can be made to weep instantly. The police could use it to disperse mobs; blinding, irritating tears would be an effectual argument against mob violence.



Another gas which causes violent vomiting, but not death, could be used for the protection of safes.

#### A NEW AIRPLANE.

A huge air liner with a wing spread of 400 feet, to carry 150 persons at the rate of over 130 miles an hour, has been designed by a British firm of air craft instructors. It is intended to ply between London and New York in less than one day. The first machine will cost about \$600,000.00, but later ones only half that sum.

#### THE HELICOPTER.

The new heavier-than-air machine, designed by an Englishman, which rises vertically from the ground and descends in the same way, has made a successful flight. It is believed this machine will revolutionize flying.



### C. A. M. C. Nursing Service Department.

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#### Hospital Ship Life in the Mediterranean

BY NURSING SISTER C. I. S.

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At Tilbury Docks, in 1915, lay the P. & O. liner, Kildonian Castle. Remodelled, freshly painted, the huge Red Cross on her sides, bespoke her present use as Hospital Ship. With what solemnity of mind now approached her passengers—a grave contrast to the days when gay voyagers light-heartedly tripped their way to the Orient.

On this well-remembered date, October 8th, 1915, there stood on her deck Major C. . . . (the S.M.O.) awaiting the arrival of his nursing staff. Instead of the expected 18 nurses, in the familiar grey with scarlet facings of the Q.A.I.M.N.S., there marched on board in soldierly fashion 74 women in the (to him unknown) uniform of the C.A.M.C. Nursing Service. Without previous intimation of their coming (frequent of occurrence in the army), small wonder the S. M. O. looked perplexed. His expression plainly said, "What a plague of women! Who can they

be?" "What can they want here and how best shall we rid ourselves of them?" Our Matron stepped forth, presenting her credentials; these were found to be in order; the ship's captain was consulted and straightway all was well. Our identity properly established, the barriers of reserve at once gave place to characteristic British welcome. At once we became an acceptable addition to the hospital unit.

Thus, in October, 1915, did Matron Hartley and her flock embark for ports unknown. Major C.'s surprise at the Canadian invasion of the ship was no greater than our own in finding ourselves in such strange surroundings. We had a vague idea that we were Mediterranean bound, but, in those days, that could mean anywhere from "Dan to Beersheba." To us, this setting forth for foreign shores was as novel of environment as the ultimate destination was alluring in prospect. In fancy, we were sort of petticoated modern Arabian Knights for whom adventure awaited at every turn. Each morning, two sisters were detailed for whatever nursing duty the day might provide. Of this none came until we reached that dreadnought of mal-de-mer, the Bay of Biscay. Then we recalled that when crossing the Atlantic, and, on a day when anything but inclined for conversation, our unsympathetic steward on the S.S. Corinthian had demonstrated the angle at which one walked on board ship in "Bisky Bay!" Little did we think there should so soon arrive opportunity for making the experiment. Now the occasion presented; it was neither welcomed nor embraced. Every heart surely found its own bitterness and one could wish only to be left alone to die. Fortunately, there is no such thing as permanency of feeling.

On the fifth day out "All's right with the world;" our life becomes sweet again. Speedily flies through the ranks word that "Gib" is sighted. A hurried rush to deck and we find overhead a clear, sunny sky, its loveliness partially reflected in the bluest of blue seas. Filling our line of vision is the stately, massive Gibraltar of geography days. This silent monitor, solemnly standing to attention, further impresses the idea of British strength and solidarity. Much to our regret, the ship ploughs through the phosphorescent waves without stop. As long as it remains within view, our eyes and thoughts dwell upon "Gib." How curious that, unconscious of destination and in calm content, we should be drifting down the Mediterranean. Our letters home described this period as one of "dreamful ease." Remote was fear of war or waves. Anxiety over possible lurking danger was of the captain's portion. He alone knew whence we were bound. Speculation was much in order. Indeed, if sea breezes could be substituted for rumour—that giant of ship life—the voyage to the near East could leave nothing to be desired. Shortly and unexpectedly to us, the time of "far sweet idleness" came to an end. Suddenly and quietly the ship glided to anchor. But where? All made a pot of guessing, but none were right. Presently, and with light-



ning velocity, the news flashed up and down the line crowding the deck rails that this was Mudros Harbour. Dotted about were dreadnoughts, destroyers, torpedo boats, submarines and grey battleships of every description. These evidenced that here was the naval base of the British Mediterranean fleet. In a central position was the flagship of the admiral, looking for all the world like a monster hen. One could imagine with what a roar her commands would thunder forth, to find response in her grim brood. Never before had "Rule Britannia" so forcibly expressed itself to my mind or conveyed so much to my heart. Somehow, there came a lump in my throat and my eyes filled with tears—tears of joy that this flag was my flag, too.

The nudge on an elbow directed my attention to the mountainous, forestless Island of Lemnos. To us it signalled home and welcome, for already established there were two Canadian stationary hospitals. In the distance, at the southern end of the Thracian Peninsula, could be viewed the fertile Imbros—that now far-famed isle with its "some corner of a foreign field that is forever England."

Had presentiment come to warn that future recollections of the near East should be so strongly coloured by this lonely island and the gentle boyish poet who there sleeps his last sleep, assuredly, our gaze had the longer and more tenderly rested upon it. But the material needs of the moment precluded prescience. Debarkation and luggage was our chief concern. Soon seventy-four Nursing Sisters, and a corresponding number of steamer trunks, hold-alls and camp cots, were in readiness to be put ashore. Whilst farewells and pleasantries were exchanged with the ship's officers, we were, in fancy, picturing the surprise our coming would give our Canadian fellow-workers at Lemnos.

At this juncture, orders for disembarkation were cancelled, and we were to proceed to Gallipoli. A great feature of army life is the countermanding of instructions. Perhaps this accounts for the speediness with which the recruit acquires that curious inheritance of the army—a disposition for change. Whether the move forebodes good or ill is of the least consideration. In our case, the news that we were to have the rare privilege of sailing through the Hellespont of antiquity was greeted with joyous exclamations. Our wildest dreams, away back in Canada, had never attained such proportions. From the Aegean to the Sea of Marmora, shades of Hero and Leander! There floated to mind thoughts of Xerxes and his bridge of boats, of the exiled Lord Byron and his successful attempt to rival the ancient swimmer. After all, the past is but the cradle of the present. Ah me! What an opportunity for moralizing! But, I must march on with civilization (?)

Four o'clock on the morning of October 29th found us at anchor in Suvla Bay. Warning of near danger had been duly given. The hush

of a mysterious silence could be felt in the darkness. Need I say with what anxiety dawn was awaited? And yet, we were as composed as ever we had been in the safety of Canadian abode. The break of day revealed a bay seething with ironclads and battleships of known and unknown description. On the right, H.M.S. Aragon (later destroyed by enemy action) occupied entirely by the allied headquarters' staff. Directly in front of us, at no great distance, a high plateau, very rocky of ascent, met our gaze. This, with its line of trenches, plainly discernible to the naked eye, was Chocolate Hill. Service in France had disclosed the grim aftermath of war; the pathos of scarred and broken humanity, the utter destruction and desolation of home and country. Here at Gallipoli we needs must share the feeling of actual combatants.

At the first slant of dawn, the British bull dog and her cubs bestirred for action. These began to snarl and spit fire. Chief actor and greatest thunderer was that most renowned of all battleships, H.M.S. Queen Elizabeth.

The first intimation of the discharge of a gun is the sharp flash of light from its base. Next comes a whizzing sound as the shell shoots through the air, to be followed by explosion so terrific that one marvels to find herself alive. Hitting its mark ashore, clouds of earth are seen chewing the air. The loftiest, fleeciest, most harmless looking of white puff-balls is all that betrays an explosion in mid-air. From the land replied the Turkish guns. Surely, never before in the history of the world were women so situated. In the midst of a battle fleet in action! Picture that, ye peace-time reader! Would that my amateur pen could do the occasion full justice! From the Turkish high command was signalled the request that all hospital ships be moved beyond the firing zone—otherwise, they would not be responsible for our safety. Had not the unvindicated Boche already ineffaceably stained his honour, he might well have taken a leaf from the code of his brother, "the unspeakable Turk."

It is extraordinarily strange what a sense of security may obtain at times of gravest danger. In the face of colossal deeds, self-preservation has little or no significance. If novelty had taken the edge off the seriousness of our situation, the little flat-bottomed boats bringing their cargo of wounded from shore soon enough brought full consciousness. Even now, six years after, the scene haunts the mind and is as fresh in horror as then. These precious, more-dead-than-alive heroes of Gallipoli—thirty officers, six hundred and forty other ranks; some walked feebly; others crawled on board. The more serious cases were placed in a sort of basket which, by the aid of a derrick, swung high in the air and gradually lowered to the decks. Skilfully, and O! so tenderly were these passive sufferers transferred to beds and made comfortable. All were ravishly hungry and weary unto death. In colour, their faces identical with



khaki helmets; their poor bodies emaciated to the n'th degree; weakened wills well nigh crushed beyond repair, yet alive by some odd spark of determination. As if the cup was not already filled to overflowing, dysentery and malaria were an accompaniment to wounds in many cases; the filth and vermin of the trenches still clung. Such were the pitiful patients the Peninsula gave up in October, 1915. Well might the arm-chair warriors of Downing Street prate of the glories of war—had they ever escaped from the jaws of Hell?

O, mothers! O, sons! May your prayers for disarmament never cease. The smiling words of hope and encouragement we gave belied the ache in our hearts. Too well we realized that many of these brave lads were embarked on their last voyage and would never reach earthly port! More gently reverent were our ministrations to these poor, pathetic figures, whose thanks, when speech failed, illumined their faces.

The afternoon of October 30th, our backs were turned on Suvla Bay and its deafening bombardment. The homeward voyage was saddened by the not infrequent stops that signified the passing of a soldier of the King. Fearful in impressiveness is a burial at sea. Amid a hushed group collected at the stern of the ship lies a still form covered by the Union Jack. A little apart stands a Padre. With bared head, and solemn tone, he reads aloud the beautiful prayers prescribed for the dead. The ship slows down and, without sign to designate the spot, the shell of what was once a warrior is committed to the sea—yet no less certainly is he mourned and acknowledged a hero in some heart, somewhere. Surreptitiously, as though abashed to grieve, did we sisters brush aside a furtive tear. The ship resumes her speed. Duty to the living becomes foremost again. Occupation failed to efface from the mind the tragedy so recently enacted. Memory recalls London! Troops of blithe and bonny soldiers gaily marching to the lively, tuneful airs which they themselves had made familiar; a railway station, trains packed and running over with khaki, a farewell wave of the hand and a brave "cheerio." To-day, one of these—mayhap the merriest voice of all—is forever still and lies in unnoticed grave. Yes, dear khaki brother, "its a long, long trail," and a "long, long way to Tipperary." To you was denied the allotted few feet of ground. May the circumstance but betoken a greater wealth of graces added to the "Well done, thou good and faithful servant," that greeted thy eternal awakening. The resolve that, in our obligation to "Carry On," we shall not fail you, becomes the firmer because of your sacrifice. In this spirit work is recommenced.

Now, we are at Lemnos. One hundred and forty patients—the most seriously ill—are transferred to hospital ashore. Here awaited instructions that the nursing staff of the Kildonian Castle must report for duty at No. 4 Canadian General Hospital. Arrived at Salonika, it was found necessary to retain eighteen Canadian Nursing Sisters for tem-

porary duty on the ship. These, under Nursing Sister Grace Gray, A.R.R.C., at once assumed an air of great importance—the fifty-six who transferred to the H.M.S. Kalapara were not without a suspicion of envy. One could always go to No. 4 General, but it was not every day there chanced hospital ship duty. The Kildonian Castle was under orders to sail at daybreak. At sunrise we were surprisedly welcoming back the matron and nursing sisters who had taken leave of us the previous evening.

Acquaintance with army regulations soon lessens the inclination to ask the why and wherefore of things. On November 2nd anchor was dropped in the charmingly picturesque harbour of Malta. In the light of past experiences, it was a novelty to come to a place where we were expected. Here, everything was in readiness for the transfer ashore of all the patients. From the Military Hospital at Valetta these were eventually evacuated to England for convalescence, or returned to duty at Gallipoli.

For two days we remained at Malta, the ship coaling and house-cleaning. The sisters paid many visits ashore and fell agreeable victims to the lace and curio sellers of that quaint little island.

On November 4th we steamed out of harbour, leaving Matron Hartley and fifty-five nursing sisters at Malta, where they were to be temporarily employed in British military hospitals. Minus patients, the need for occupation—that would at the same time prove recreation—became imperative. It was voted that the literary ability of the nursing staff should be given opportunity for expression—and no longer remain buried under a series of bushels! So, there sprang into birth “The Kildonian Castle Rumours”—“a practical journal of information that does not inform.” Cut adrift as we were, the title was certainly not a misnomer. Nursing Sisters Richmond and Scott, assisted by the genial purser, became “King’s Printers” pro tem. This journal (which I hope to forward for publication later) afforded much amusement and entertainment, and its daily issue was eagerly awaited. Almost too soon, it seemed we were again in Suvla Bay, and our mood changed from gay to grave. The second trip and coming of patients was a repetition of the first.

At Mudros, awaited orders and relief. This last, in the form of eighteen Imperial army sisters, to take over our duties. We then became passengers to Salonika, where, on November 15th, we rejoined our original unit. At No. 4 Canadian General a warm welcome was given, and we soon settled down into “land lubbers”—perhaps not at once land-lovers. Certainly, ever after, when any hospital ship came into view, eighteen pairs of Canadian eyes turned wistfully in its direction. “Each heart recalled a different scene—but all spelled ‘Kildonian Castle.’”

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It has been noted with surprise that the Imperial nurses employed on home service during the war are not to receive suitable recognition of their work. The war office authorities recognize that medals are deserved but—chiefly for financial reasons—that the same may not be awarded.

This ruling reduces official sentiment to the lowest common dividend, viz., £. s. d. It is safe to assume that, given a choice, nurses with few exceptions would have preferred to serve abroad. Certainly the vast majority volunteered and eagerly awaited instructions to proceed overseas. To many the order never came, yet notably and none the less cheerfully, they carried on, often in the most monotonous of surroundings. They shared with their overseas sisters the danger of peril from the air, but had little part in the former's enjoyment of the charm of novelty, new scenes, and countries, and almost incessant change with free transportation to any part of the United Kingdom, and frequently to the Riviera as well. And now the War Office, straining at a gnat, begrudges the poor home service nurse a medal. Surely the official mind may yet be generous enough to revoke its decision.

Nursing Sister E. Drysdale, A.R.R.C., of the S.C.R. Hospital, Toronto, spent a pleasant holiday in Bermuda, recently.

Nursing Sister E. E. Augustine (No. 4 Canadian General), who spent last winter with her uncle in California, and the summer with her mother in Arkona, Ont., has returned to Toronto, where she is engaged in private nursing.

Nursing Sister G. Lightbound has returned from England.

Nursing Sister Jessie Leitch has been offered an appointment as publicity writer at the American Red Cross Headquarters, Washington.

Nursing Sister Mildred Robertson is on the staff of the Brant Hospital, Burlington, Ont.

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From the deluge of tributes—and as it is found that the allotted space will not admit of the publication of 382, the following are selected, without discrimination, as typical. Nor is it convenient at the moment to enumerate the various organizations and individuals that contributed their quota of praise and thanks. Appended is the acknowledgment mailed to all:

"From The President,

The Amputations Association of the Great War.

We who have passed through the Field Ambulance, the Casualty Clearing Station, the hospitals in France, in England and Canada, know what the Sisters have done for us. In our hard and trying times, when with shattered bodies we were struggling back to health, the Nursing Sister was ever present to ease our pain, to cleanse our wounds, to feed us if we were helpless, and if necessary to write the last message to the loved ones at home."

"From The Dominion Secretary,  
Grand Army of United Veterans.

Their devotion to duty and utter disregard for danger, together with the noble efforts they put forth for the good of the men who were fighting in the cause of freedom, will go down in Canadian history as a heirloom for generations to come."

"From The Dominion President,  
The Navy League of Canada.

The members of the Dominion Council of the Navy League of Canada, and myself, welcome with a great deal of pleasure this chance of expressing our very great appreciation of the heroic work done by the Nursing Sisters of the Canadian Expeditionary Force who were Overseas during the great war."

"From The Honorary National Secretary,  
I. O. D. E., Toronto.

By their heroic, self-forgetting, noble effort, and by their capable and efficient service on behalf of the men who, like themselves, counted not even their lives dear, the Nursing Sisters have placed all women under a lasting debt which they cannot hope to discharge. They can only express with full hearts their deepest gratitude and their assurance that as long as the story of the Great War is told, with its tale of incomparable heroism and of loyalty to the cause of freedom and of right, the great deeds of the Nursing Sisters will be held in highest reverence, and their memory cherished as a sacred trust."

"From The National President, I.O.D.E.,  
and Late Lieutenant, Canadian Field Comforts Commission

We had a great opportunity of observing the magnificent, untiring and unselfish services of our nurses. I shall never forget the sight on Salisbury Plain of the nurses with their skirts kilted to their knees, their feet clad in rubber boots, wading through the mud around the tents where some five hundred sick men lay, or the ability and tenderness that met the situation in one of our hospitals in France when the men came pouring in blinded and agonized from the first onslaught of that devilish weapon of the Hun—mustard gas. These are only two out of many occasions when I myself saw our splendid nursing force at work. Canada can be very proud of and grateful to her "Women's Army."

"From The Honorary Secretary for Canada,  
Soldiers' Comforts, D.S.C.R.

The Canadian Branch of the League of Empire wishes to extend its warmest congratulations to the Nursing Sisters. The league of Empire Overseas has had the great privilege of co-operating with the Nursing Sisters and is most thankful to express its heartfelt appreciation of their magnificent and never-to-be-forgotten heroic work."

"From The Secretary, Headquarters Nova Scotia Division, C.R.C.,  
Halifax, N.S.

The Nova Scotia Division of the Canadian Red Cross welcome this opportunity of expressing sincerest appreciation of the work of the Nursing Sisters during the Great War. Their untiring efforts and personal sacrifices will never be forgotten. Many were those who gave life itself in their country's service. Words are indeed inadequate to express our gratefulness."

"From The Secretary-Treasurer,  
Canadian Yukon Patriotic Fund.

The members of the Canadian Yukon Patriotic Fund in Dawson, Yukon Territory, wish to record their great appreciation of the devoted services of the women of Canada, during the great European War, 1914-1918, and they take note, with thankfulness and great pride, of the splendid spirit of patriotism and self-denial which prompted them to leave their homes and customary occupations without counting cost, and facing, without dismay, whatever the future had in store, in order that they might minister to the comfort and care of suffering humanity, wherever duty might call."



"From The President,  
The Wolfville Red Cross Society.

Greetings to 'Great Canadian Women,' The Nursing Sisters of the Overseas Canadian Expeditionary Force—

As truly great art thou, my Sister,  
As he, who, at his country's call, obeyed;  
You shared the Sacrifice, the Toil, the Danger—  
You, too, may share the glory of the Brave."

"From The Secretary,  
Alumnae Association of Queen's University.

The members of the Alumnae Association of Queen's University are glad of this opportunity to place on record their sincere appreciation of the wonderful work of the Nursing Sisters in the Canadian Expeditionary Force Overseas. Their devoted attention to duty during the long years of the Great War, the cheerfulness and courage they displayed in the face of all dangers and difficulties, won for them our hearty respect and admiration."

"From Major-General, Sir D. Watson, K.C.B., C.M.C.

It has been my privilege to have been associated on many parts of the Front with various Casualty Clearing Stations, and the work performed by the Nursing Sisters in all these was an inspiration to us all and one that lent additional incentive and effort in every Unit of the Canadian Corps. Tireless in their work, courageous in every degree and at the same time so tender and painstaking in their efforts to relieve the suffering and pain, too much cannot be said of their splendid work during the Great War. I trust you will add my appreciation of their work on every possible occasion."

"From The President,  
Deer Park Union, W.C.T.U.

We desire to express to you as Matron-in-Chief of the Nursing Sisters of Canada our grateful and reverent appreciation of their work during the Great War.

First, as Mothers, we say 'God bless you.' You did for our sons what we could not do; you cared for them, comforted them and gave them courage to die if need be.

Then, as citizens of a great country, we say, 'We are proud of you.' Your efficiency, devotion and self-sacrifice was second to none.

Surely you have fulfilled the Master's words and can take His commendation, 'I was sick and ye visited me. Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.'"

"From Newton W. Rowell, Esq., K.C.,  
Toronto, Ontario.

I am very pleased to know that it is your intention to pay tribute to the Nursing Sisters of the Canadian Expeditionary Forces who were Overseas during the Great War. I had the opportunity of visiting the front in 1916, and again in 1918, and on both occasions was privileged to see the work of the Canadian Nursing Sisters. One cannot speak too highly of their ability, their courage, their devotion to duty and their unselfish service in the cause for which our men were so gallantly fighting in the trenches. Their thought was not for themselves, but for those whom they might serve. As Canadian people we cannot adequately repay the debt of gratitude we owe to the noble band of women who served overseas. Those who gave their lives gave them for us, as well as for the men whom they were serving.

As above intimated, I am glad to know that honour is to be done these Nursing Sisters."

"From H. Worthington Smith,  
Pittsburgh, Penn.

With many other British subjects residing in the United States I desire to pay honour to the Nursing Sisters of the Canadian Expeditionary Force. Their bravery and courage will be an outstanding feature throughout the British Empire and the Allied Countries for years and years to come."

## TO THE NURSING SISTERS OF THE GREAT WAR.

By Dr. Albert Durant Watson, Toronto.

You heard the thunder of the guns—every note  
 Went crashing through your souls like a crime;  
 But the rattle in the dying hero's throat,  
 You heard alone, nor thought your task sublime—  
 To stalk death bravely in corridors of doom—  
 White ministrants of Heaven, beating back the gloom.  
 Not ours to spread the splendour of your name;  
 But they who knew your gentle touch on earth  
 Shall thrill the heavens with brightness of your fame,  
 And tell successive ages of your worth;  
 Your wondrous faithfulness through strain and strife  
 Was a glimpse of final glory that made death seem life."

"From The Director,  
 The MacGregor Studios of Vocal Art,  
 Toronto, Ontario.

All glory and honour to the Florence Nightingales of the Great War, whose valor and bravery, whose unselfish and untiring devotion to the alleviation of the sufferings of our boys who were fighting in France and Flanders for that glorious victory in which these splendid Nursing Sisters themselves played so magnificent a part. I trust that Miss MacDonald will be able to give the Sisters an idea of the esteem and honour in which they are held by the Canadian people."

"From I. H. Cameron, M.B., L.L.D., C.A.M.C.

As a brother officer in the C.A.M.C., I had unbounded opportunities during the War to observe and to appreciate to the full the Service, always characterized by zeal, ardour, devotion and efficiency, rendered to the sick and wounded men by Matron-in-Chief Macdonald and the almost unequalled, certainly never surpassed, body of Nursing Sisters under her command. It is impossible to avoid superlatives of seeming hyperbole in any words which one may write or utter in referring to services of Nursing Sisters exploited in the Great War as never before, but I venture to assure you that nothing like it was ever experienced heretofore in the history of the world. Simple justice demands that honour should be given where honour is due."

"From Dr. Marion Brown, Toronto.

I consider it to be indeed a great privilege to have this opportunity to express my heartfelt appreciation of the noble work done by the Nursing Sisters of the Canadian Expeditionary Force. When one considers the self sacrifice and the unselfish devotion to duty entailed under all kinds of physical and mental strain, it is difficult to find words adequate to set forth one's wonder and admiration. The work they did is beyond all praise and all outward reward. The recompense is found in growth of character. With every good wish for their future happiness and well being."

"From Col. A. Primrose, C.B. Reserve, C.A.M.C.

During the greater part of the war Overseas, I had personal opportunity of being associated with the Nursing Sisters in their work. My experience with them was chiefly in the Eastern Mediterranean and in England. The Nursing Sisters in our Canadian Hospitals did magnificent work. I fancy the tribute paid to them by the sick and wounded who came under their care was the most gratifying expression of appreciation that they could receive. That expression was, I know, given in an unstinted fashion by the patients in the wards. Sometimes their sentiments were expressed in doggerel rhyme, as when the Tommies in Salonika sang:—

'May the angels above and the devils below  
 Protect the Canadian Nurses wherever they go!'

At all times the soldiers were loud in their praise of the Nursing Sisters and were most grateful for their efficient and loving service. One cannot speak of the service rendered by the Nursing Sisters without reference to the fortitude they displayed when menaced by grave danger from submarines, under shell-fire and in air-raids. Not a few lost their lives, some were wounded, others



suffered shell-shock. In certain districts they were victims of Malaria, Paratyphoid and other infectious diseases prevalent in the country in which they were stationed. The Nursing Sisters should therefore be honoured, not only for the magnificent service they rendered in their professional capacity, but for their unselfish devotion to duty under conditions which demanded fortitude and bravery of no mean character. These virtues they displayed in a manner which brought forth the admiration and respect of all those who were associated with them. They have earned the undying gratitude of our Canadian people."

From Dr. Herbert A. Bruce, F.R.C.S., England,  
Late Consulting Surgeon, British Armies in France.

Although I can add nothing to what I have said on the subject many times before, I will **never weary of paying a reverent** tribute to the war record of the Canadian Nurse. For a generation at least it has been to us in the Medical Profession a comforting reflection that our women possessed attributes of character, mentality, insight and sympathy singularly adapted to the nursing profession, which has brought them to the forefront of that profession in many lands outside our own. The war infused these attributes with a heroic quality, and the measure of what our women gave to the cause of civilization is the unspoken gratitude not only of our own men but of thousands of our Allies whom they nursed back to health and strength. Over a period of three years I was associated with Canadian Nurses in every phase of Army Medical work, from the Base Hospitals in England to the Clearing Stations behind the lines in France and Belgium. I saw them serve almost without respite from exhausting and unrelenting toil, often performed under circumstances of great hardship and frequently in the face of danger, but throughout it all with not the slightest loss of wholesomeness, of cheery optimism, or of capacity for uncomplaining self-sacrifice. That is my reason for saying, as I have often said, that no commander in our armies, in reviewing the war history of his unit, has more reason to be proud than Matron-in-Chief Macdonald of the Canadian Army Nursing service."

From The Grand Master,  
Ancient Free and Accepted Masons,  
Belleville, Ont.

Our soldiers in the Field have given a new value to Brotherhood—translated into terms of gallant and faithful comradeship. September 1st should be a Red Letter because a Red Cross day at the Canadian National Exhibition, the Directors of which honour themselves by joining the public-spirited Department over which you preside, in paying worthy tribute to those who, throughout the late war of Armies and of Nations, have given to the name of Sister, a new and vital significance—the sisterhood of live-saving service.

In thus expressing grateful appreciation—chivalrous and tender, of the Nursing Sisters through their Matron-in-Chief, you correctly read the National pulse of grateful Canada, and you truly interpret the feelings of her loyal citizens, many of whom owe the lives of husband, father, son or brother to the self-sacrificing steadfastness to duty—and the saving, uplifting, pain-alleviating skill of those gentle, yet strong, representatives of protecting and creative womanhood, who at the crossroads of crisis in war, as in the happier paths of peace, exhibited such a noble devotion in manifold trials with such buoyancy of good cheer, such faith, such comfort and such confidence. And while we thus remember and crown the work of the heroic living, let us not forget the immortal work of the holy dead, of which the tomb and shrine of the martyred Edith Cavell are emblem, type and symbol. With the Chaplain Service and the Medical Service, they kept the fire burning at the altars. Long may it glow."

From George G. Nasmith, (Colonel Overseas Expeditionary Force),  
Toronto, Ontario.

On many occasions during the war I had opportunities of seeing and appreciating the wonderful work which our Canadian Nursing Sisters performed at the Casualty Clearing Stations on the British Front in Flanders. In their daily routine, after the strain of heavy engagements and even after being subjected to bombing raids, I saw our nurses carrying on, always efficient, always cheerful. To the soldier outside of hospital the occasional glimpse of the blue and white nurse's uniform meant more than the fact that women were in the

war zone engaged in their work of mercy. It was an indication that back in Canada women of all classes were engaged in all kinds of work to help the men in the field, and that it was only Army Regulations that prevented the women from undertaking other work in the field to relieve soldiers for fighting. The nurse herself was honoured and protected wherever she went. The Canadian Nursing Sister played the game and played it well. Some of those I know, personally, paid the great price, and now live only in the hearts of those who knew them. The Sisters had not the excitement of war to carry them through; on the contrary they had much of the horror of war to unnerve them, to sap their vitality and undermine their health. Therefore I say, as scores of thousands of Canadian soldiers will gladly say, 'God bless the Nursing Sisters who played the game during the great war, ministering to the sick, relieving the pain of the suffering and wounded and easing the last hours of the dying soldiers, and may He give them health and happiness for many years to come.'

"From Sir John Gibson,  
Hamilton, Ontario.

I am greatly pleased by the information that the Nursing Sisters of the Canadian Expeditionary Force who were Overseas during the war are to be honoured in the way you indicate. Women, both at home and Overseas, are entitled to their full share of credit and recognition in connection with the winning of the war. The overseas nurses rendered service of the utmost value—service that the general public have no idea of—our women are as patriotic as our men, if not more so. The Nursing Sisters who were Overseas should ever occupy a prominent place among those who personally and actively served their country during the war—God bless them."

#### DEPARTMENT OF MILITIA AND DEFENCE.

Ottawa, September 10th, 1921.

Mr. G. S. MacSweeney,  
President, Montreal Athletic Association,  
250 Peel Street,  
Toronto, Ontario.

On their behalf, I am to convey to you the thanks and gratitude of all members of the Canadian Army Nursing Service for the recognition of their war work so generously expressed by you through the medium of the Soldiers' Comforts Branch, Department of Soldiers' Civil Re-Establishment, at the Canadian National Exhibition, Toronto, September 1st, 1921. I am further to add that Canada's Army Nursing Sisters, the majority of whom are now in civil occupation, stand ever ready to serve the interests of Empire—whether at peace or at war.

Faithfully yours,

M. C. MACDONALD,

Matron-in-Chief, C.A.M.C.



If you think you are beaten, you are;  
If you think you dare not, you don't;  
If you like to win, but you think you can't,  
It's almost certain you won't.  
If you think you'll lose, you've lost;  
For out in the world you'll find  
Success begins with a fellow's will;  
It's all in the state of mind.—*Selected.*



## Hospitals and Nurses



### QUEBEC

#### JEFFREY HALE'S HOSPITAL, QUEBEC.

The first annual meeting of the Alumnae Association of the Jeffrey Hale's Hospital, was held in the Nurses' Home on November 14th, 1921.

The president's report showed a year of interest and activity. The secretary's report recorded a membership of 66 (which is 57.8% of the total number of graduates). The treasurer reported a balance on hand and also a donation to the Leper's Mission.

The reading of reports was followed by the election of officers, of whom a list will appear in another part of this magazine.

A social half-hour and refreshments brought the meeting to a close.

Miss E. F. Matheson (Class 1920) and Miss E. Armour (Class 1921) have benefitted by scholarships given by interested friends of the Jeffrey Hale's Hospital, and are taking the Teacher's Course in McGill University, Montreal.

Miss S. M. Jamieson (Class 1917), having obtained the Provincial Association Scholarship, is taking up the course in Public Health Nursing in McGill University, Montreal.

Mrs. Dr. Orr (Miss West, Class 1909) and her little daughter, have returned to their home in Edmonton, Alberta, after visiting relatives in this city.

Miss E. May (Class 1912) and Miss M. Galbraith (Class 1920) have returned to Quebec for the winter.

Miss Elsie Walsh (Class 1915) is shortly leaving for Clarke City, to spend the winter with her sister.

Miss V. Brewster (Class 1910) is travelling on the continent and is at present in Rome.

Miss A. Murphy (Class 1921) has been appointed school nurse by the Department of Public Health, Quebec City.

#### ROYAL VICTORIA HOSPITAL, MONTREAL.

Miss Alice Andrews (1918) is on the staff of the United States Public Health Hospital, Fort Bayard, New Mexico. This is a tubercular sanitarium accommodating 1,000 patients.

Miss Nan Lawson (1920) is taking a post-graduate course at the Johns Hopkins Hospital, Baltimore, Md.

Misses Norma McFarlane (1921) and Marguerite Craig (1921) are on the staff of the General Hospital, Fresno, Calif.

Miss Ella Moffatt (1919), who was on the staff of the Buffalo General Hospital, has returned to Montreal.

Canon Shatford gave a very delightful lecture to the Alumnae in November, his subject being "Les Miserables," with a sketch of Victor Hugo's life and works.

The annual Hallowe'en party was a great success, many well-planned fancy costumes being seen. Prizes were given for the best costume.

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### ALBERTA

Miss Elizabeth Clark, R.N., has been appointed Superintendent of Public Health Nurses in the Provincial Health Department, Alberta.

Miss Kate Brightly is assistant to Miss Clark; both are graduates of the Royal Alexandra Hospital.

Miss Margaret Fraser, a graduate of the Royal Alexandra Hospital, Edmonton, is taking a course at Columbia University, New York. Miss Fraser received the prize of \$200.00 given by the Alberta Registered Nurses' Association, having obtained the highest marks in the provincial R. N. examinations.

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### ONTARIO

Misses Tuckett, Gardner and Northgrave, graduates of the Toronto Western Hospital, have accepted positions in the New York City Hospital.

The Alumnae Association of the H.S.C. Hospital, Toronto, is branching out in a social line this year, evidenced by an enjoyable dance given for the graduation class at the residence. The graduating exercises were held at the H.S.C. Nurses' Residence on November 18th, which was a very enjoyable occasion.

Miss Mary Ingham is back at the H.S.C., in charge of the Girls' Surgical Ward.

Miss Hilda Sanftenberg, graduate of the Women's College Hospital, 1919, has accepted the position of Directress of Nurses at Nicholls' Memorial Hospital, Battle Creek, Mich.

Miss J. Nearne (1919) has been appointed to the staff of the Herman Kepper Hospital, Detroit, Mich.



The annual meeting of the A.A. of the Women's College Hospital, Toronto, was held November 14th. After routine business, an interesting address was given by Mr. Mills, of the Welfare Department, Toronto. A bazaar was held in the Nurses' Residence on December 3rd, the net proceeds amounting to \$187.00.

#### HAMILTON

The A. A. of the Hamilton General Hospital held a bazaar for the benefit of the Library Fund for the new nurses' residence. It was very well attended and over \$600.00 was realized.

#### TORONTO.

The first meeting for the year of the Toronto General A. A. was held October 18th, and was well attended. It was decided that the first Thursday evening of each alternate month should be a social evening for the A.A. and their friends. Miss Gunn kindly giving the use of the residence for this purpose.

A delightful birthday tea was given by the Alumnae of the T.G.H. on October 12th, in honor of Miss Snively, who received the congratulations of the many present, and looked and was her usual charming self.

Miss Elizabeth Hannant, T.G.H., sailed on the Caronia on October 21st, and intends to spend the winter in the south of France.

Mrs. Randle (Miss Hurlburt, T.G.H.), who resides in Vancouver, has been renewing old friendships in Toronto.

Miss Smillie (T.G.H.) is home on furlough from India. Miss Smillie, after her graduation, took a course at Toronto University, and for the past seven years has been teaching in India, where she expects to return shortly.

Misses Dove and Westman are convalescent, after recent operations for appendicitis.

#### TORONTO GENERAL HOSPITAL.

A department of nursing has been added to the X-Ray Department of the T.G.H., Miss Isobel Hutchinson being in charge, with a staff of pupil nurses and one orderly.

A library for the use of the patients, under the management of the Social Service Commission, has been opened. It is open two hours each afternoon, and patients may choose their own books or use the selection distributed among them by the workers.

The annual Christmas Tree, given for the children connected with the Social Service Department, was held on December 22nd, in the

Out-Door Department of the Hospital; 93 families were given hampers and 263 children got well-filled stockings from Santa Claus.

The Alumnae Association spent a very enjoyable evening at their Masquerade Dance, held November 24th.

#### RIVERDALE HOSPITAL.

A miscellaneous shower was given by the nurses of the Riverdale Isolation Hospital at the Hospital, November 15th, 1921, to Miss Eulalie Honey (R.I.H., 1913), a most enjoyable evening being spent.

A very enjoyable dance was given by the nurses of the Riverdale Isolation Hospital Alumnae Association at the Graduate Nurses' Club-House, Sherbourne Street, on November 17th, 1921, in honor of Miss Eulalie Honey (R.I.H., 1913), whose marriage to Mr. R. M. Paton takes place shortly. Miss Mathieson, Superintendent of Nurses, Riverdale Isolation Hospital, and Miss McNeil, President of the Alumnae, received the guests.

#### SARNIA.

The 1921 class of the Sarnia General Hospital held their graduation exercises in the City Hall on November 11th, with Mr. Nesbitt, President of the Board, in the chair. The address to the class was given by Rev. Mr. Mackay. Diplomas and badges were presented to the following: Misses Margaret Conn, Elsie Cook, Eva Charlton, Sarah Turner, Jennie Taylor, Cecilia Johnson and Bertha Gilbert. After an excellent musical programme, the class entertained their friends in the new home, where they spent a delightful evening.

Miss Laura Griffen has accepted the position of Superintendent of the Victoria Home, London.

Miss Florence McRae has returned to Sarnia for private duty, after serving overseas.

The following are the officers of the Alumnae: Honorary President, Miss Kathleen Scott; President, Mrs. Harrison Shanks; First Vice-President, Miss Edythe Mills; Secretary, Miss Margaret Conn; Treasurer, Mrs. Clara Sharpe, 197 London Road, Sarnia.

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#### BRITISH COLUMBIA.

##### VANCOUVER.

The training school of the Vancouver General Hospital has been re-organized, and Miss Kathleen Ellis, R.N., has been appointed head of the applied nursing department, and Miss Ethel I. Johns, R.N., director of nursing education. Miss Ellis is a graduate of Johns Hop-



kins Hospital, and has held several executive positions. She enters on her duties December 15th.

Mrs. Staebler, of Boston, Massachusetts, has been appointed by the Provincial Red Cross as supervisor of its rural nursing service and will take up her duties about December 15th. A Canadian by birth, Mrs. Staebler was a graduate of Pennsylvania Hospital, Philadelphia. For three years she was lady superintendent of Stratford City Hospital, Ontario, and for six and a half years has been associated with the Massachusetts T. B. League and similar associations.

In the examinations for registered nurses' certificates, held November 2nd and 3rd, 1921, the following were successful: Misses V. Imeson, I. Runcie, J. Hanna, M. Renfrew, H. G. Robertson, J. Gibson, M. D. Miller, E. Stewart A. Miller, L. Pearsall, G. M. Parnaby, J. Babbitt, M. Lucas, M. E. N. Stirling, M. C. Knowdell, C. De Wolf-Smith, E. Sutherland, M. Groom, H. Perrin, I. Clarke, A. Ausban, A. Paynter, R. Cameron, E. Winter, L. Graham, M. MacDonald, B. Hartnerr, N. Reid, M. Wooster, D. Taylor, E. Corner, W. A. Bellhouse, E. Barkley, E. Reece, L. Woodrow, E. Holman, F. Martin, E. Carkner, A. L. Dyke, J. Ledingham, P. Fraser, M. Granger and M. V. McGaughey.

#### NEW WESTMINSTER.

Miss Florence Van Wyck, graduate of the Royal Columbian Hospital, has accepted a position in the Psychopathic Hospital, Boston, where she has just completed a post-graduate course.

Miss Myrtle Knowdell and Miss Audrey Miller (R.G.H.) were successful in the recent examinations for registered nurses' certificates.

#### VICTORIA.

The regular meeting of the Victoria G.N.A. was held on December 6th at the Nurses' Home, Jubilee Hospital with Miss Morrison, President, in the chair. Reports of the success of the home cooking sale for the Sick Benefit Fund was given, \$50.00 being added to the sum. The Christmas hampers for a family of nine was the plan adopted by the association for their special work this holiday season. An interesting paper was given on Dietetics by Miss Agnes Carter. After the meeting refreshments were served by the supervisors of the hospital.

Miss Jessie Mackenzie, Lady Superintendent Jubilee Hospital, is spending her holidays in California.

Miss E. Pierce has taken charge of the Naval Hospital, Esquimalt.



## BIRTHS

**Irving**—On November 2nd, 1921, at Dorchester, Mass., to Dr. and Mrs. Rupert Irving, a son. Mrs. Irving was Miss Enid MacLaren (R.V.H., 1920).

**Frain**—At Minden, Ont., on November 28th, 1921, to Dr. and Mrs. Charles E. Frain (Miss Elizabeth Dann, Riverdale Isolation Hospital, Toronto, 1917), a son.

**Smiley**—At T. G. H., Toronto, on November 10th, to Mr. and Mrs. W. R. Smiley (Olive Ellwood, Class 1916, T.G.H.), a daughter.

**Bicknell**—At Brantford, Ont., on November 20th, 1921, to Dr. and Mrs. N. J. Bicknell (Virginia Carpenter, T.G.H., 1920), a son.

**Story**—At the Cottage Hospital, Toronto, on December 8th, 1921, to Mr. and Mrs. G. C. Story (Marion Starr, H.S.C., 1916), a son.

## MARRIAGES

**Armstrong-Smith**—At Walmer Road Baptist Church, Toronto, on September 19th, 1921, Evelyn Smith (T.G.H., 1921), to Edward Armstrong, B.A. Rev. and Mrs. Armstrong sailed in October for India to engage in missionary work.

**Found-Cass**—At L'Original, Que., on October 29th, 1921, Helen Cass (T.G.H., 1921), to Norman Found, B.A. M.B. Dr. and Mrs. Found left for Korea, where they will do missionary work.

**Dunbar-Rea**—At High Park Presbyterian Church, Toronto, on November 8th, 1921, Sheila Robinson Rea (Toronto Western Hospital, 1915), to John Gardner Dunbar.

**Mingie-Potter**—At the home of the bride's parents, Burton Avenue, Westmount, Que., on November 9th, 1921, Olive Elizabeth Potter (R.V.H., 1919) to Major Walter Mingie, M.C.M.D. Major and Mrs. Mingie will reside in Montreal.

**Dawson-Martin**—At the Church of the Advent, Montreal, on April 20th, 1921, Henrietta Blanche Martin (R.V.H., 1919) to Mr. Harold Gardner Dawson. They are living in Montreal.

**Keller-Panter**—In June, 1921, Grace Panter (R.V.H., 1920) to Mr. Eric Keller.

**Best-Pickles**—At Elm Street Methodist Church, Toronto, on October 18th, 1921, Florence Pickles (T.G.H., 1921) to Dr. Harold Best. They will reside in Winnipeg, Man.

**Rogers-Richmond**—At the home of the bride's parents, Toronto, Emily Richmond (T.G.H., 1910) to Mark Rogers. Mr. and Mrs. Rogers will live in Parry Sound, Ont.

**Brownell-Shaw**—At Port McNicholl, Ont., on June 30th, 1921, by the Rev. M. C. Gandier, Rachel Joy Shaw (Toronto Orthopedic Hospital, 1920), to Mr. Bernard J. Brownell.

**Mills-Chisholm**—On September 14th, 1921, at Toronto, Clara I. Chisholm (T.G.H., 1919), to Major Paul H. Mills, O.B.E., St. S.

**Burdick-Krienen**—At Flint, Mich., 1921, Lillian Krienen (Sarnia General Hospital, 1914), to Mr. Wm. Burdick, of Flint, Mich.

**Paton-Honey**—At Toronto, on November 23rd, 1921, Clara Eulalie Honey (Riverdale Isolation Hospital, 1913), to Mr. Robert M. Paton, Toronto. They will reside at 23 Strang Avenue, Toronto.



## DEATHS

**Kavanagh**—At Toronto, on October 16th, 1921, Miss Mary Kavanagh (T.G.H., 1903).

**Roycroft**—At Vancouver, B.C., on December 4th, 1921, Mary T. Roycroft, born in Roscommon, Ireland, and a graduate of the Vancouver General Hospital (Class 1901). For many years since graduation Miss Roycroft has conducted her own private hospital with great success.

**Wood**—On December 10th, 1921, Miss Ethel Anne Wood (graduate Owen Sound General Hospital, post-graduate Bellevue, New York), Superintendent of the Public General Hospital, Chatham, Ont. Miss Wood held several important executive positions in charge of hospitals, and was always a loyal champion of nurses and hospitals. Two of her first graduates at Owen Sound, Misses Gadon and Graham, were with her in her last illness. The funeral took place December 11th from the hospital to St. Andrew's Church, and interment took place in the family plot at Norwich, Ont.



Like souls that balance joy and pain,  
With tears and smiles from heaven again  
The maiden Spring upon the plain  
Came in a sunlit fall of rain.

In crystal vapour everywhere  
Blue isles of heaven laugh'd between,  
And, far in forest-deeps unseen,  
The topmost elm-tree gather'd green  
From draughts of balmy air.

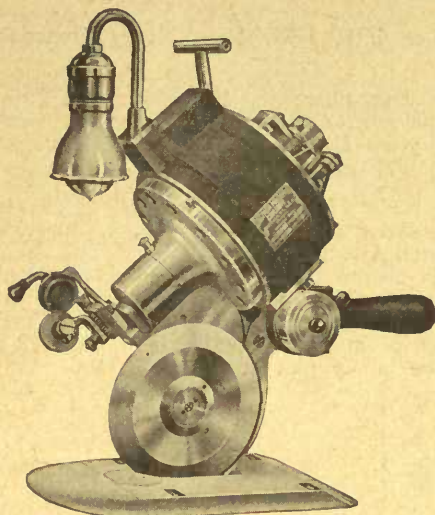
*Sir Launcelot and Queen Guinevere.*



## AN AEROPLANE AS AMBULANCE.

The value of aeroplanes for the rapid transit of a patient to hospital was admirably exemplified last Saturday, when an urgent message was received by Sir Douglas A. Shields, of Park Lane, on behalf of Major Ottley, of the Foreign Office, who had been taken suddenly ill in Paris and needed immediate operation. At 6 a.m. the surgeon left Croydon Aerodrome, arriving in Paris three hours later, and after examining the patient decided to bring him to England. A bed was accordingly fixed up in the cabin of a Handley-Page machine, which left Paris at 4 p.m., and reached Croydon at 7.15 p.m. The operation was successfully performed at 9.10 p.m., and hopes are entertained of the patient's recovery.—*The Nursing Mirror.*

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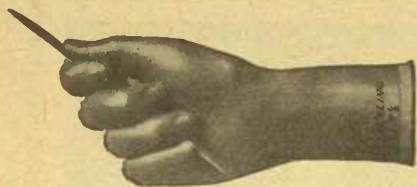
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Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—First Thursday at 8 p.m.

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Representative G.N.A.O.—Miss Haines.

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Executive Committee—Miss Ennis and Miss Mallock.

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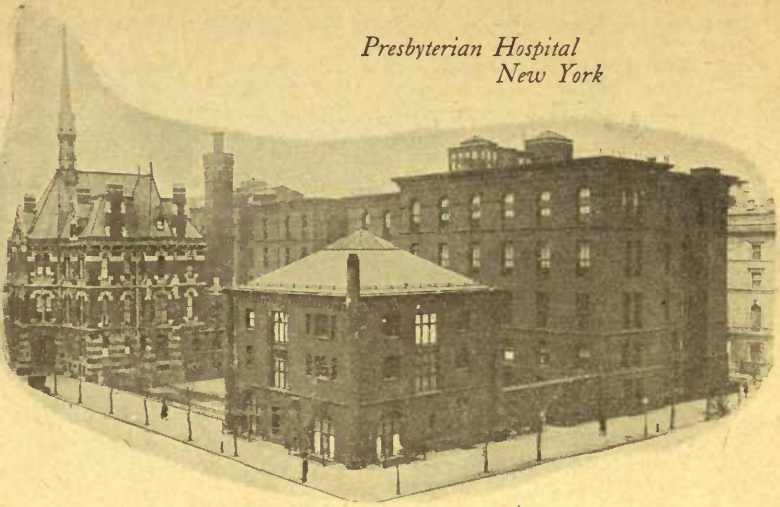
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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

VANCOUVER, B. C., FEBRUARY, 1922

No. 2

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QUEBEC—Convener, Miss E. C. Rayside, Montreal; Treasurer, not appointed.

The fund necessary for the memorial has been decided to be \$65,000. The amount assigned to each provincial committee is as follows:—

British Columbia, \$13,000; Alberta, \$5,000; Saskatchewan, \$5,000; Manitoba, \$4,000; Ontario, \$24,000; Quebec, \$10,000; New Brunswick, \$2,000; Nova Scotia, \$2,000.

The Committee wishes to urge the necessity of each nurse accepting individual responsibility in order that the memorial to our Canadian nurses may be secured. The undertaking is too great for a few members, and needs the active support of all.

JEAN I. GUNN,

Convener of National Memorial Committee.

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### As Seen by a Patient

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The following account of a hospital, by a 32-months' patient, appears in the October number of the *King's College Hospital Gazette*:

"A hospital is a collection of corridors and stairs supported by slippery floors and contributions. A ward is a room attached to a corridor. It contains nurses, beds, patients, and fresh air in large quantities. A bed has longitude but no latitude. Its real duty is to beautify the ward. To disarrange a bed is a criminal offense. It is a far, far better thing to have a tidy bed than to be comfortable. A patient is the victim of circumstances—a conspiracy between the doctors and hospital authorities. After he has bided awhile he realizes why he is called a patient. A nurse is essential for the proper running of the ward. Her chief duty is to watch patients in order to wake them when asleep. . . . A clinical thermometer is a morbid cold-blooded instrument which requires a hot-air bath twice daily. The radiant heat necessary is provided by the patient. A chart is a piece of paper clipped to a board hanging on your bed. It is provided so that specialists can play noughts and crosses with the students. Has often been mistaken for an underground railway map, but is really the life story of a thermometer set to music. . . . The medicine cupboard contains brandy and castor oil. Tremendous quantities of each are used. The brandy is used to camouflage the castor oil and is also used as a restorative when patients feel faint. No patient is ever allowed to feel faint! Screens are used by the nurses instead of Sandow's Developer and are considered part of their uniform when on duty. No nurse is allowed to take a screen with her out of the ward when off duty. Most screens do not screen. Night commences when blinds are pulled down—day commences when the night nurses have finished their midnight meal. Old patients sleep in the daytime—it is quieter. Lockers are a hospital version of dining-room sideboards. Always placed so that a patient cannot get at them, and really provided to gratify the nurses' curiosity. Lockers do not lock!"—*British Journal of Nursing*.



## **Hospital Administration as it Affects the Training School, or as it is Affected by the Training School.**

A. K. HAYWOOD, M. D.

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Such a title as the above, which, I might add, was chosen for me, would, I am sure, give ample scope for some administrators to air many so-called grievances against their training schools. There was a time when I would have welcomed such an opportunity as this to take the nursing profession to task, but that was many years ago, when I was beginning to learn hospital administration. At that time I was willing to pit my enthusiasm against the knowledge of training school superintendents who were exceedingly wise to their particular profession. Time has demonstrated to me most emphatically that hospital administration and training school administration cannot be separated as oil and water, but have a common interest that must be directed by both sides to the glory of the hospital as a whole.

It is not so many years ago that the matrons of the training schools were monarchs of all they surveyed, and rightly so. Hospital superintendents had not learned their share of the mysteries, troubles and joys of the matron of a training school. In many cases the superintendent of the hospital was a layman who had grown up with the hospital, but who could never grow up with the training school, because they spoke different languages. These men were excellent business administrators, but it inevitably meant that to a large degree the training schools were of necessity forced to work out their own salvation.

The administration of a general hospital, fifteen, or even ten, years ago, was quite a different problem from the complex situation that presents itself under that heading to-day. During the last decade our hospitals have been compelled to undergo many radical changes. I refer in particular to questions of policy and finance, and in each of these broad principles the training school has a very definite relation to the administrative head.

The modern hospital administrator has done well to pattern his business (that of hospital management) after that of our large corporations. The old, careless, happy-go-lucky methods of conducting our charitable institutions in the past have given way to modern business methods. We look upon our hospitals to-day as large factories; our product is not boots and shoes, but health. We have our various departments all contributing to the manufacture of that product, and not the least important, if not the most important department, is the training school. If they are to be asked to contribute their quota to the end that our product, health, may be the finished article, they must be

taken into the confidence of the administrator, share his successes and troubles. On the other hand, it stands to reason that if the administrator is to be more than the nominal head of his or her institution, he must in turn study training school problems in general, and the problem of his own training school in particular.

One very serious effect that modern hospital administration has had upon the training school is the large amount of clerical, or work of a purely business nature, that has been placed upon the training school, and by it distributed to the ward directresses, and in turn by them to the undergraduate nurse. A sympathetic administrator can accomplish much in securing this business assistance from his training school head by education. I mean by that, tactful consideration of the troubles and inconveniences that this work will entail. Training school heads are, as a body, reasonable people, and can be shown whereby these improved business methods are both necessary and beneficial for their hospital, and although it is very difficult at times, and impossible at others, to prove that any direct benefit will accrue to the training school, there is no doubt that there will be indirect benefit in direct ratio to the general improvement in the hospital. The policy of not letting your right hand know what your left hand is doing has been tried in hospital administration, and has failed miserably. If the matron of your training school is to be expected to instil into her nurses the spirit of co-operation, so essential between the various departments in a hospital, it is necessary that she be as well informed as possible of the problems of those other departments. This is being accomplished in several of our larger hospitals by regular meetings of the different department heads. At these meetings each one learns something of the difficulties of the other, and it is here that one looks for original suggestions for the betterment of the hospital as a whole. It would be unjust to the training school to place it upon an equal footing with, say the head of the laundry, housekeeper, or any of the other sub-departments, at these meetings, but one should endeavour to make the staff meetings as democratic as possible, always guarding against the personal element which is so liable to creep in between heads of departments whose feelings have been hurt, or authority encroached upon; and, at the same time, impressing upon all present the dignity and importance of the training school, in order that they, in turn, may, we hope, carry into their departments and to their employees, be they mechanics, servants or clerks, the proper sense of courtesy and deference which our training schools have earned in their development from the day of "SAIRY GAMPS" to the, may we say, finished product of to-day.

The modern hospital has added many departments to its organization of recent years. This has been made necessary in order to cope with the advances made in medicine. We have Hydro-Therapy, Physio-



Therapy-Metabolism and Social Service Departments, and a host of others in addition to special clinics, for example, instructional clinics for children, child-welfare diabetic, fracture, venereal disease. These are all necessary in modern healing, but they have made serious inroads into the training school. There are very few hospitals that have not been compelled to increase their proportion of nurses to patients to keep pace with these modern methods. Here we have one very good reason for the shortage of nurses that seems to exist at the present time. The establishment of so many of these departments by our hospitals has necessitated in turn a serious increase in the instruction given to an undergraduate nurse, until at the present time we have training school matrons wondering how on earth they can get time from their nurses to add this or that new subject to their curriculum. One cannot resist sounding a note of warning to guard against our nursing curriculum becoming too much theory and too little practice. For one hears so often now-a-days that the present-day nurse does not compare favourably with her predecessors of ten years ago. I do not agree with this, but feel that modern hospital administration does seriously affect the training school by the addition of these new departments which we are so frequently adding to our organizations.

I cannot help but feel that the hospital administrator of recent years has exerted a considerable influence over the destinies of the training school of his or her particular hospital. We know that there are good schools and poor schools, but we also know that it is seldom that one finds a poor training school without finding that the rest of that particular hospital is considerably below standard. A good training school can exist in a poor hospital, but its existence will be of short duration. It can exist only by the almost superhuman efforts of an excellent matron. Some of you ladies may have had that experience, and I sincerely hope that none of you will ever have it again. Nobody knows better than yourselves of the hundred and one petty troubles that confront you daily, and in my humble opinion many of these troubles can be partially solved or shouldered by the administrative head of your hospital. Get the confidence and respect of your superintendent; see that he has your confidence and respect, and I feel convinced that the effect of hospital administration on the training school will not only be beneficial, but pleasant.

The effect of the administration on the training school, I am quite sure, would be much more intelligently described by the training school, for it does seem more or less presumptuous on my part to attempt to describe what effect any particular hospital administration may or may not have on a training school. What I have already said along these lines should not be taken too literally, but more as generalities, although I can scent the material in my topic for a very interesting and at times lively debate, were the two questions put up for debate, to their respective

critics, that is, the effect of hospital administration on the training school, on the one hand, and to the opposing forces, the effect of the training school on hospital administration.

Let us look for a few moments on the second half of our title, "The Effect of the Training School on Hospital Administration." The remarks that I have already made regarding the placing of so much clerical work on the training school were made to point out one of the effects of the administration on the training school; on the other hand, the ability of the training school to carry out this work has a still more serious effect on the administration of the hospital. Local conditions will, in many cases, govern in your respective communities. At the Montreal General Hospital we call upon the training school for assistance in many ways. We have a system of keeping our patients' accounts which calls for daily reports from departments such as operating rooms, surgical supply office, etc., all of which are prepared by the nursing staff. These are not always correct, but, lest I be misunderstood, I must state that every endeavour is made by the training school to have them rendered promptly and correctly. The listing of patients' clothes and valuables, the requisitioning of supplies, or for repairs, all clerical work at present done by the members of the training school, brings the training school into intimate contact with the administration of an institution which employs these methods will be more or less at the mercy of the training school. Nurses in training and even graduates in charge of wards must have a working knowledge of the administrative methods they are being asked to assist with. Unfortunately for the administrative side of the hospital, the constant changing of the personnel of the training school causes many breakdowns in the assistance they are asked to render.

One hears so often the criticism that the nurses are for nursing only, and their services should not be commandeered for administrative purposes. I can assure you that, with the present shortage of applicants for training schools in North America to-day, he would be a very short-sighted superintendent who would impose upon the training school any work, apart from nursing, that was not necessary. Yet, on the other hand, many of your present undergraduates are some day going to be the future training school heads, and it is vital to them that at least a small working knowledge of these problems be obtained while in training.

Hospital administration is not a sinecure; medical men have not yet realized the future of this branch of medicine. It must not be looked upon as a position to be occupied by medical men who, having failed in private practice, enter this branch in order to eke out a living with the least amount of effort. That has happened before, and that is one of the main reasons why it is so difficult to secure medical men



as assistants. If this continues it will not be improbable that our large hospitals will have at least one assistant superintendent, a trained nurse, and probably more. I cannot help but feel that this arrangement would bring to the administration of the hospital many advantages and make for a still closer co-operation between the training school and purely administrative departments.

The movement that is slowly but surely spreading over this continent for an eight-hour day for nurses in training has undoubtedly given many a hospital superintendent much cause for worry. I think I am safe in stating that the policy of an eight-hour day is now generally accepted as reasonable and fair. There are still many of our large hospitals that have not adopted it, not from any lack of desire or unwillingness on their part, but due to the demands that this change would make on their annual budget and available accommodation. It means in many cases new quarters being erected for the additional nurses required, and a considerable increase in the pay-roll in hospitals where undergraduates are paid a monthly or annual honorarium, to say nothing of the additional expenses which this increase in the nursing staff adds to practically every department. The superintendent that has to face this change to an eight-hour day realizes only too well, if his accommodation is limited, that this problem is one of the training school problems that is going to have a most serious effect on hospital administration; coupled with this is the general movement in all our large hospitals for a betterment of general living and social conditions for our nurses in training. The modern young women that come to our training schools are not going to stand the semi-slavery conditions that have existed in so many places in the past. They demand that justice be tempered with mercy; that, in being called upon to do a grown-up woman's duties, they be treated as women; that opportunities be provided, within reason, for recreation and meeting one another socially. These problems are dealt with by so-called training school committees in many hospitals, but the training school problem is becoming one of such magnitude that our hospitals are gradually employing administrators who will study the problems of this department as they would any other department of the hospital.

Not all of the effects of the training school on hospital administration are either pleasant or beneficial. Traditions have instilled into our training schools a well-earned and well-merited feeling of superiority. There is no doubt that in a properly governed training school the discipline among the nurses will be superior to that of many of the other departments of the hospital. In addition to this commendable asset the training school is a professional being and rightly demands professional respect. It is these various attributes that contribute every now and then to some of the worries and pleasures of the administrative hand. I do not think that hospital employees are thin-skinned, but it is a re-

markable fact how frequently one is called upon to settle some misunderstanding between some member of the training school and the housekeeper, engineer, foreman, dietitian, general office staff, laundry, steward, etc. My experience has taught me that in the main the training school is correct, but some of the judgments that the administrative head is asked to render would seem to require the wisdom of Solomon and the patience of Job.

There is no doubt that a large percentage of the success of a hospital is attributable to the reputation of its training school. Its graduates are spread over the entire continent, and I am afraid that we, as hospital superintendents, are too often content to bask in the sunshine of this success, and forget that it is in a great part due to the high standing of our training school and its effect on our hospital administration, rather than to our own individual efforts as administrators.

*Read at the C. A. N. E. Convention, Quebec, 1921.*



### BEING POPULAR

Learn to laugh; a good laugh is better than medicine.

Learn how to tell a story; a good story, well told, is as welcome as a sunbeam in a sick-room.

Learn to keep your own troubles to yourself; the world is too busy to care for your ills and sorrows.

Learn to stop croaking; if you cannot see any good in the world, keep the bad to yourself.

Learn to hide your aches and pains under pleasant smiles; no one cares to hear whether you have headaches, earaches, or rheumatism.

Learn to meet your friends with a smile; a good-humored man or woman is always welcome, but the dyspeptic is not wanted anywhere.

Above all, give pleasure; lose no chance of giving pleasure.

You will pass through this world but once.

Any good thing, therefore, that you can do, or any kindness that you can show to any human being, you had better do it now; do not defer or neglect it.

For you will not pass this way again.



## Editorial



The appeal of the Convener for the Memorial Committee, which appeared on the front page of the January issue, is followed this month by the first report for publication sent out by that committee. In it the nurses of Canada will see that a definite start has been made to carry out the scheme which was so enthusiastically voted for by representatives from all provinces in Quebec last summer. From indications then expressed and the interest taken, one would judge that there was not a nurse in this Dominion of ours who did not feel that one of the first memorials to be arranged for should be that of keeping green the memory for all generations of those nursing sisters of whom we are so proud, and who gave all they had—even life itself—for their country and for us. There were many, very many of us too, who could not get overseas or even into the military work during those terrible years of the world war. To our credit may it be said that in Canada there never was any lack of nurses for this work. Now all that is over, and our reverence and pride in those of us who died is so great that we can confidently expect that the sum required for a monument will be raised at once. To get results by 1923, we must follow out the suggestions of the Memorial Committee as sent out to the Provincial Conveners and get to work at once. Our first consideration is ourselves. What are you going to do? It has been thought by those who understand our feelings about this memorial that nurses themselves must subscribe first and as freely as can be done. Suggestion first is that each nurse sends in her individual contribution—\$5.00 if possible—at the earliest date to the provincial treasurer of the fund, who will mail contributions each month to the Dominion Treasurer, Miss Davidson. Nothing can be done in a definite way towards the actual work on the memorial until sufficient moneys are in hand for the committee to feel justified in letting the artist begin his task. The following suggestions have been sent out to the Provincial Conveners, and we can do nothing less than get to work NOW. Names of conveners from provinces who have already formed their committees is published in this number; surely the others will soon be in line for work.

When in the future, in Ottawa, generations yet unborn will, we confidently expect, see a fitting memorial to Canadian nursing sisters, raised by the efforts of Canadian nurses, they may feel within themselves the same pride in the C.A.M.C. nursing service as we feel, who knew and loved, as well as respected, them and their efforts.

When, on the morning after the sinking of the "Llanflovary Castle," with the death of fourteen Canadian nursing sisters, the Matron-in-

Chief sat with sad heart in her office, a sister entered and asked to be allowed to go on transport service. "Did you not read the paper?" asked Miss Macdonald, "with the news." "That is why I am applying," said the sister. "I have no immediate family, and can more easily be spared than others." With a spirit like that in our midst, can we do less than our utmost for the memory of those "who fought the good fight?"

Give with a will for a memorial for women such as these, and many more, who had the willingness, but were not called on, for the supreme gift of life itself.

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Space in the magazine is limited to our purse strings, and we have, beginning with the January issue, felt obliged to print the personal notes, births, marriages and deaths in somewhat smaller type than hitherto, in order to give more space to new departments of interesting material to our readers. If we had the support we should have, a larger magazine would be the first thing started by this office, as plenty of good material could be obtained. It may seem as if there was almost a constant appeal for more subscribers and more money to work with, but facts are facts, and still our figures show only a small proportion of graduate nurses subscribing.



I cannot love thee as I ought,  
 For love reflects the thing beloved;  
 My words are only words, and moved  
 Upon the topmost froth of thought.

—*In Memoriam.*

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Smiling, frowning, evermore,  
 Thou are perfect in love-lore.  
 Revelings deep and clear are thine  
 Of wealthy smiles: but who may know  
 Whether smile or frown be fleeter?  
 Whether smile or frown be sweeter,  
 Who may know?

—*Early Poems.*



## News from The Medical World



### A TREATMENT OF ANTHRAX

Anthrax being one of the most fatal diseases, a treatment that promises good results commands attention. Dr. Eichorn, chief of the Bureau of Animal Industry, Washington, has perfected a serum which, by comparative tests, was found to be twice as effective as some of the European preparations. Success has attended the serum treatment in England, Italy, South America, and other countries, besides the United States. It gives the least pain, a minimum of scarring and deformity, is applicable to all forms and locations of the disease, is a specific method and a safeguard against generalization of the local infection. It has on an average the lowest mortality rate, and in most cases necessitates the shortest absence from employment.

### THE FOOD INSTINCT.

A interesting editorial in the Journal of the American Medical Association says that it is difficult to escape the conviction that mankind seeks food in appropriate amounts in response to a well-defined instinct; the need of the average man, in whatever country he lives, approximates 2,700 calories. In times of plenty, at least, the data of food intake is almost identical in Rome, Helsingfors, Boston and Berlin. The needs of children of both sexes may exceed by nearly 1,000 calories a day for each child the requirements of the average man or woman. A child has the demands of growth as well as of repair to satisfy.

### ANTI RAT CAMPAIGN.

England and Germany have been holding campaigns for the extermination of rats.

### PASTEUR'S CENTENARY.

In 1923 one hundred years will have elapsed since the birth of Pasteur. A celebration is to be held at Strasburg, where he began his epoch-making researches. The University and City of Strasburg, the Pasteur Institute, Paris, and the Pasteur family are to have charge of the celebrations.

### DISEASES OF THE TEETH.

A lecturer at the British Dentists' Hospital, London, said the English have the worst set of teeth in the world. He thought that faulty dietetic habits were in part the cause, and so were in part, at least,

preventable. He did not believe that the loss of teeth in old age was necessary. With advancing years the teeth should become more firmly fixed. He asserts that the British people had lost the art of mastication; they did not chew, but sucked their food.

#### ETHER AND RESPIRATION.

It had been noted that the first effect of ether is to cause depression in the rate of respiration. Then, there is a rapid rise above normal, which is succeeded by a fall. The stronger the ether the less time required to produce this result. When the respiration is reduced below normal, recovery is possible when the ether is removed, if sufficient time is allowed. If the rate of respiration has been too far depressed, recovery is not possible.

#### TREATMENT OF COLD IN THE HEAD.

An English practitioner recommends soluble calcium salts as a treatment for cold in the head. The freshly prepared lactate is used in doses of from 15 to 30 grains three times a day.

#### COD LIVER OIL IN RICKETS.

It is said that the administration of cod liver oil brings about changes in the bones which, if the diet is not too faulty, brings about complete cure. In two or three months so much infiltration with salts has taken place that the extremities of the bones, except for deformities, are practically normal.

#### YOLK OF EGG FOR BABIES.

The yolk of a raw fresh egg is recommended in the feeding of a baby who is not thriving. One is mixed with the feeding each day.

#### CAUSE OF ADENOIDS.

A writer in the British Medical Journal thinks that adenoids are caused by the over-working of the lymphatic glands situated behind the soft palate, by repeated colds and by the exanthemata.

#### TORONTO UNIVERSITY.

The gift of half-a-million dollars from Sir John Eaton, spread over twenty years, and of a million dollars from the Rockefeller Foundation, have increased the facilities for the study of medicine at the Toronto University. Physicians and surgeons of established reputations have been appointed to devote almost all their time to the organization of medical education and the administration of the medical department in the hospital.



## THE EFFECT OF ALTITUDE.

Five graduates of Harvard Medical School and three British Associates are to make their headquarters at an altitude of 14,000 feet in the Andes, in order to study the effect of height in the changes in the heart, circulation, respiration and chemical composition of the blood. The inhabitants of this place live there in comfort, and do hard work in the copper mines, at an altitude at which most persons would be unable to work much, on account of the rarity of the air.

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## Public Health Nursing Department



### OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.

Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.

Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

#### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

#### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

#### Quebec

Miss Sarah Fraser,  
110 Crescent Street,  
Montreal.

#### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

#### Manitoba

Miss Elizabeth Jeffers,  
Suite 11A, Justin Apts.,  
Fleet and Doley Streets,  
Winnipeg, Man.

#### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

#### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

#### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

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## Campaign for Membership

The officers of the Public Health Section of the C.N.A.T.N. are desirous that an aggressive campaign for membership in the section should be launched by the provincial representatives and their standing committees early in the new year.

Application forms have been prepared and sent to each provincial representative for use in enrolling new members. It has been suggested that provincial representatives might delegate each member of their standing committee to become responsible for enrolling her share

of new members in the section.

The executive would recommend that the application forms, when filled in, be retained by the provincial representatives.

Let our aim be, "Every public health nurse a member of the Public Health Section of the C. N. A. T. N."

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It may be of interest to readers of the Public Health Section of the *Canadian Nurse* to learn of the success of the little health play, in Kentville, a town in the beautiful valley, about nine miles from the historic "Evangeline" land. This play, it will be remembered, was published in the April number of the *Canadian Nurse*.

The play was produced at the annual closing exercises of Kentville Academy in September. This closing occurs in September rather than in June, as the school authorities think it the better time because of the stress of worry and examinations at the end of the school year.

The little ladies taking the parts were nearly all about the age of the clever little Western authoress, and no doubt each was selected by her teacher on account of her special suitability to the parts of Misses Sunshine, Fresh Air, Cleanliness, and Health. The parts of all, including that of Mrs. Jones, mother of the ill-kept sick baby and her officious and incapable advisers, were admirably acted, the make-ups being most suitable and original.

The whole clinic furniture was used, together with the scales and measuring board. I must here mention the town theatre was the place of entertainment, so that there was a real stage, drop curtains, and footlights. The little members of the "Mother's League" wore white, with nurses' caps made of white paper napkins. Mesdames Jones, Brown, and Smith, each selected her costume from the cast-off clothing of mother or big sister. There was some grotesqueness of costuming, but it helped the impersonating of those characters with vim and finesse, causing gustos of laughter from the tremendous audience of pupils and parents. The baby was a life-sized doll, whose head, during the dress rehearsals, had a habit of suddenly parting from its body and rolling on the floor, but during the performance was a model and decorous actress, even to the cry, which was howled by a little Miss in the wings. The bath was not given on the stage, as the country nurse who undertook to finish the coaching, so well begun by teacher, thought it too hazardous and tedious to teach in the very short time, so Miss Health carried the very dirty baby off the stage to attend to its ablutions; in going, telling Miss Cleanliness to prepare a bottle of modified milk.

In the meantime, Miss Fresh Air, left alone with the incapable mother, prepares the bed, singing and humming the chorus of "Save the Babies," while adjusting the coverings, etc. She also talks to Mrs.



Jones about the care of her baby and gives her literature,—“The Canadian Mother’s Book,” being as prominent as was possible to make it. Then, in due time, the nice clean baby in night clothes returns and is put to bed and sleep. Curtain (a real one).

In the final scene, Miss Health is discovered, weighing (on the clinic baby scales), and measuring (on the clinic measuring board), a beautifully clean, apparently year-old baby, who is able to sit up in the scales, so that all may see what the combined efforts of four active little ladies, Misses Health, Cleanliness, Fresh Air, and Sunshine, have accomplished in one month.

The appreciation of the mother, who then arrives to claim her marvellously transformed infant, is well acted. Then is sung “Save the Babies,” by the entire company, even the formerly recalcitrant, but now possibly converted Mesdames Smith and Brown, taking part, thus ending this educative and entertaining dramaette. The audience applauded to the echo, appreciative co-eds made many an ear-splitting whistle, but the shy little actresses were too unsophisticated to respond to curtain calls, apparently filled only with the thought of crowding about teacher and anxiously asking “did we do alright?”

Note.—There must surely be somewhere between the Atlantic and Pacific boundaries of our land, some quiescent, undeveloped or undiscovered talent, capable of producing some instructive and entertaining health plays, health instructive pictures and alphabet books, which could be used throughout the land during the important years of first impressions. As it is, we must borrow from our cousins across the border. Perhaps there is needed but the suggestions to start the gifted ones searching their capable and artistic mentalities, when there will be undiscovered unsuspected talent which may produce classics in this line.

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MARGARET E. MACKENZIE,

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Halifax, Nova Scotia.

One more unit has been added to the hospital area growing up in the vicinity of the Medical School of Dalhousie University in Halifax. The new tuberculosis hospital recently opened shows Halifax taking one more very important step along the lines of public health and preventive medicine. This splendidly appointed tuberculosis hospital will house from fifty to sixty-five persons in advanced stages of tuberculosis. The far-reaching effect of proper housing of persons in the terminal stages of this disease, at the stage when they are the greatest menace in the home, has an almost incalculable advantage to the public. What is equally important to the public, and what must be consoling to the relatives and friends of the tuberculosis sick who need hospital care.

is to be advised of the recent reciprocal action of the Charities Committee of the City Council and the Medical Faculty of Dalhousie University.

It will be recalled that some weeks ago the University offered to nominate an expert consulting and attending staff for the new tuberculosis hospital who will give their services free to the city, and asked at the same time that students in the medical course be given opportunity to study tuberculosis at this hospital. The city officials readily acceded to the request.

The medical director is Dr. W. Bruce Almon; Consulting Surgeons, Dr. E. V. Hogan and H. K. MacDonald; Consulting Internist, Dr. Kenneth A. MacKenzie; Consulting Laryngologist, Dr. R. Evatt Mathers; Consulting Pathologist, Dr. A. G. Nicholls; Consulting Obstetrician, Dr. W. Bruce Almon; Consulting Urologist, Dr. Frank Mack; Consulting Pediatricist, Dr. M. J. Carney; attending staff of Tuberculosis Specialists, Dr. T. M. Sieniewicz, assisted by Drs. M. J. Carney and H. G. Grant; attending Dentist, Dr. G. N. Stultz; Pathologist, Dr. D. J. MacKenzie, and resident interne (senior student), Mr. Corey S. Bezanson.

When the University Health Centre, to be erected out of Rockefeller funds, is erected and staffed, the City of Halifax will have the most complete tuberculosis and best co-ordinated programme of any Canadian city, and the medical school will have the facilities for teaching medicine second to no school on the American continent.

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At their meeting in December it was decided by the executive of the Registered Nurses' Association of Quebec to form a Provincial Public Health Section. The officers of the section will be a Chairman Vice-Chairman, and Secretary, with a representative to the Advisory Committee of the Provincial Executive. A representative to the executive of the Public Health Section of the Canadian National Association of Trained Nurses will be appointed by the Provincial Section. The Section will be financed for at least one year by the Provincial Association.

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Mrs. Plumptre was guest of honor at an informal reception given at the Graduate Nurses' Club by the Public Health Class of 1921-1922 of the University of Toronto, on the evening of December 15th. An enjoyable programme was given and refreshments served. At the conclusion of the evening a vote of thanks was given Mrs. Plumptre for her unselfish interest in the class of which she is Honorary President. Mrs. Plumptre made a strong plea to the students that they should take up pioneer work in the rural and more isolated districts of Ontario.



# Department of Nursing Education

Conducted by the Canadian Association of Nursing Education



## The Ideals of Nursing

(Valedictory Address to the Graduating Class of the Royal Victoria Hospital, Montreal).

W. GORDON M. BYERS, M.D.

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Nurses of the Graduating Class of 1920:—

You join to-day the now considerable body of Royal Victoria Hospital graduates, who stand high—very high, indeed—in that noble sisterhood that devotes its life to the care of the sick. Your diligence and your devotion as undergraduates call for something more than a casual good-bye as you leave the scene of your training; and to me has been accorded the pleasurable duty of commending you for work well done, and wishing you all success in your future careers.

The ceremony of graduation (or “commencement,” if one wishes to use what always seems to me a happier term) marks in our lives a parting of the ways; and it is a commendable and well-nigh universal custom to seize upon this as one of the occasions upon which to turn our thoughts to an analysis and consideration of the purposes underlying our activities. The value of these efforts is, that they clarify our ideas, and enable us to formulate rules of conduct that are helpful as principles of action. It has been a difficult task to choose a topic for to-day, the field having been so fully worked over by former speakers; but it seemed to me that I might, with justification, after an experience of many years of hospital life, say something to you about the ideals of nursing.

The qualifications of a good nurse can be determined by a consideration in sequence of her relations with the various individuals who surround her.

From beginning to end the patient is the nurse's first charge. The sick man lies fighting disease or injury; he is always in a measure—often entirely—powerless to command. In moments of delirium and unconsciousness, helpless as a new-born child, his whole well-being lies in the nurse's hands. At times she is the sole guardian of his material interests; she may stand beside him at the last. Her obligation is very deep and solemn.

The primary duty of the nurse is to assist in the cure of the patient's ailment. She looks to the doctor for directions, but otherwise

directs. Remembering that she, too, is called as an expert, she must not hesitate to take the initiative, and in the physician's absence to control the environment of the case in all its aspects. In the nature of things a layman can know little or nothing of the requirements of his case; and it is notorious that the judgment even of medical men is untrustworthy as regards themselves as well as their dependents. An attitude of authority, tactfully assumed, tends, therefore, to thoroughness, and to a feeling of security that reacts favourably upon the patient.

But there is more to the problem than this. Morals and manners are children of the mind, fathered by the will, and, because of the invariable clouding of the mind and lowering of the will that accompanies sickness, one sees conduct and behaviour in the sick-room that are below the individual's standard in health. There are also the mental aberrations that arise from anxiety, — fear of death; dread of impending incapacity; worry about diminished income; apprehension regarding the possibility of losing a position; and so on without number. To a man the worst thought is that loved ones may not receive those necessary things that a loving heart would give; while the mother of a house realizes always that the thousand and one things that mothers alone can do are being omitted or imperfectly performed during her enforced idleness. Nothing will more greatly enhance the value of the nurse and clarify her action than a full appreciation of these aberrations. Understanding them, she will extenuate them; and appreciating them at their full value, she can allay anxiety by holding them in their proper light.

To the other needs of the patient, the nurse must respond by something more than a perfunctory adherence to routine duties. There is hardly anything that she may not be called upon to do in defence of her patient's condition. To illustrate this point, let me quote from Lytton Strachey's delightful studies of "Eminent Victorians." Speaking of Miss Nightingale, he says:—

"This remarkable woman was in truth performing the function of an administrative chief. How had this come about? Was she not in reality merely a nurse? Was it not her duty simply to tend to the sick? And indeed, was it not as a ministering angel, a gentle "lady with a lamp" that she actually impressed the minds of her contemporaries? No doubt that was so, and yet it is no less certain that, as she herself said, the specific business of nursing was "the least important of the functions into which she had been forced." It was clear that in the state of disorganization into which the hospital at Scutari had fallen, the most pressing, the really vital need was for something more than nursing; it was for the necessary elements of civilized life,—the commonest material objects, the most ordinary cleanliness, the rudimentary habits of order and authority."



Standing about the patient are those who love and are loved, filled with fears and apprehensions, but generally smiling bravely to hide the aching heart. There is on occasions a trying side to this group, who may appear to be lacking in consideration for the nurse; but the situation calls for understanding and sympathy, and it also will help the nurse if she remembers that people's susceptibilities are heightened by the very circumstances which have commanded her presence among them.

No problem is more vexing, at times, to the nurses than that of the domestic help, but the solution, as a wise nurse remarked, is to be found in tact,—a faculty which has for one of its attributes “a fine sense of how to avoid giving offense.” In the meantime, as a practical suggestion, ascertain where possible exactly what are the routine duties of the maids, and see that they are not encroached upon. Remember also that the presence of the nurse in the home is in itself an extraordinary charge upon their time.

The relationship of the nurse to the physician in charge is something more than that of an assistant. It is better defined as the relationship that exists between the commanding officer and his adjutant, with all that is implied in the way of initiative on the part of the junior officer. The essence of the thing should be, however, loyalty on the one hand, and consideration on the other; both fully co-operating in the interest of the patient.

Short as is this outline of her activities, one can nevertheless deduce the qualifications of the perfect nurse. She must be intelligent, trustworthy, and loyal; strong and courageous; patient and sympathetic; kindly and tactful. In a word, ideally, she must be the perfect woman of Wordsworth's beautiful lines:

“A being breathing thoughtful breath,  
A traveller betwixt life and death;  
The reason firm, the temperate will,  
Edurance, foresight, strength, and skill;  
A perfect Woman, nobly plann'd,  
To warn, to comfort, and command;  
And yet a Spirit still, and bright  
With something of angelic light.”

But you will exclaim, “How could one possibly attain such perfection!” Well, the mould is already largely formed. You are among those who have been favoured with the precious heritage of good parents, with all that this implies,—favourable hereditary qualities, sound home influences, good upbringing. Before you entered school to lisp the pages of your first primer, your character in large measure was irrevocably fixed. Your acceptance at the hospital was in itself a proof of a sound physical and mental make-up. Your standing in your com-

munity was vouched for by leaders of repute. Further evidence of your fitness lies in the fact that you survived a period of strict probation. The members of no other calling are so strictly selected as are the nurses who enter the profession through the portals of our great hospitals. Finally, you have had three years of splendid special training, the value of which will be fully revealed to you in the days to come.

In passing one may ask, shall we, in the future, have the same material from which to draw our nurses? Evidences of a strong religious instinct, the disappearance of which has in history marked the decadence of every great empire, has recently been shown to be still deeply rooted in the hearts of our people; but that as a nation we are intellectually backward seems beyond all question. The state of our rural schools is a crying shame. Everywhere young and inexperienced teachers, frequently incapable of maintaining discipline, are expected to instruct an impossible number of pupils in buildings that are often quite unsanitary. Our remuneration of our teachers is a national disgrace,—an expression of a parsimony that finds no joy or value in learning. It is a platitude to repeat that education is the corner stone of a democracy; but the matter cannot be too often forced upon our attention; for, unless moved by one of those impulses, the origin of which is indeterminable, we fully and promptly meet those educational needs of our country which are now so clearly apparent, we shall soon see an end of those free institutions that have grown out of the genius of the Anglo-Saxon race. Your quiet support of necessary educational changes, as you come and go among the families of our Dominion, will be of inestimable value.

In a concrete way, there are two things that a nurse must do if she is to maintain the high standard we have set before her; she must guard her health, and husband her means. These two points are so intimately interwoven that they must be considered together. Without adequate rest and recreation, it is self-evident that a nurse must fall short of her ideals; and, certainly, anxiety lest she be dependent upon others in her declining years will interfere with her efficiency. The average active life-time of a nurse is about 20 years. The members of the profession are agreed that at the end of that time the curve of activity must gradually decline. Now \$75.00 a month would be the very smallest sum on which a nurse could retire, even as things are at present. To create a fund sufficiently large at the end of twenty years to yield this income, it would be necessary to set aside weekly, at a minimum of 5 per cent., a sum of not less than \$10.00. Inquiry reveals that nurses can save in these days barely \$10.00 a month; and that, too, only by foregoing real necessities. This sum, even if properly handled and converted into an annuity at the end of twenty years, would not yield the requisite income.



There are only three ways in which this matter can be remedied: The nurse must receive more pay; or her hours must be shortened; or she must be provided with accommodation so cheap that she will be able to save what is necessary out of her present earnings. The first plan would bear hard upon the public; the second would increase the nurse's earnings by lengthening her period of activity, but would also heighten the cost of nursing. The third would be mutually beneficial to the nurses and the public, and is undoubtedly the ideal solution of the problem.

Before leaving this subject let me say, "Save your money." If you say you cannot, I will reply you must. In the presence of great financiers, I hesitate to give advice; but I think they will support me in these admonitions:

1. Realize that you know nothing about how to invest your money wisely.
2. Determine your monetary requirements at the outset of your careers.
3. Take your problem to the experts, to the banks and the trust companies, and let them formulate for you a permanent plan of saving that will cover your life-time.

Now all this may seem grossly materialistic; but as a matter of fact it is only a question of prudence and economy,—of a providence which enables us the better to reach the higher goals of our aspirations.

These aspirations can be summed up in the word "Service,"—not the labor of the slave, compulsory and grudgingly given; nor even the work of the free man, with full hours of conscientious endeavour for a just reward; but the service freely rendered, without hope or thought of remuneration, for the love of one's fellow man, and for the joy of giving.

At the present moment every thoughtful mind is turned to a consideration of what is necessary to mend a world which is sadly out of tune. Everyone longs for that ideal state "whose citizens are happy, absolutely wise, all of them brave, just, and self-controlled—all at peace and unity and in the enjoyment of legality, equality, liberty, and all other good things."

Now it is a truism that a government is but an expression of the governed. To reform our governments, we must begin with the individual,—we must reform ourselves. The deep conviction of thoughtful men is, that in this reconstruction we must develop the spiritual aspects of life, and shun the materialism, which unquestionably is the great menace of the day, and was the primary cause of the great war. This brings us to the age-old problem of the world, and touches a field upon which I am incapable of entering.

No calling, however, offers a greater opportunity for service of the higher type than does the nursing profession, which embodies in its purposes everything we regard as lofty and altruistic. Endowed as they are by nature and by training with moral and physical qualities of the highest order; and with their feminine sympathies attuned to the cries of the afflicted, to whom among ourselves. should we look for leadership in our itinerary toward the light, if not to our nurses?"



### THE PERFECT NURSE

Nels McNaughton, in Atlanta Constitution.

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Take an oceanful of energy,  
A tablespoon of guile;  
About a quart of innocence,  
A little less of wile;  
A pinch or two of naivete,  
And a touch or so of nerve;  
A hamperful of courage,  
And just twice as much of nerve;  
A large amount of sweetness,  
And a sprinkling of conceit;  
And as much of human frailty  
As will make both ends just meet;  
A brookletful of passion,  
And a riverful of love;  
The wisdom of a serpent,  
And the weakness of a dove;  
Take a good big chunk of thoughtfulness,  
The same amount of care;  
And as large a sense of humor  
As the doctor says you dare;  
A tiny bit of cussedness,  
A good deal more of spice;  
And just enough of goodness  
So as not to be too nice;  
Now mix these all together,  
For better or for worse;  
Take a a bucketfull at bedtime  
And you'll be a perfect nurse.



# Private Duty Nursing Department



## Surgical Postoperative Treatment

*By R. V. B. Shier, M.D., 112 College St., Toronto.*

The material for this paper has been derived from observations of surgical patients where careful attention to detail is carried out in this phase of our surgical therapy. It has been my privilege to study, in association with Dr. F. N. G. Starr and Dr. Roscoe R. Graham, twelve hundred postoperative cases during the last twelve months. Certain definite lines of therapy have been adopted, varied to the needs of the particular case, but it is in reference to abdominal surgical cases that these remarks are particularly directed.

To be successful, hearty co-operation between physician and surgeon is essential, and personality, as well as sound judgment, counts for much. To us the doctrine of "masterly inactivity" is dangerous teaching—but fussiness is never desirable. Mild cases, it is true, require little attention, apart from what are usually considered unimportant details. However, every case of any magnitude requires close watching if good results are to be obtained. One will be repaid by a decrease in the mortality rate, as well as in the period of morbidity.

Purgation the night before operation is harmful. The hospital and the operation are events in the patient's lifetime. Rest and quiet to body and mind are the indications. Therefore do not let a dose of castor oil the night before deprive the patient of these essentials. A very satisfactory plan is to give a mild laxative two days before the date of operation, and on the evening before operation a simple enema, which is repeated the following morning. If the patient is nervous, and it is desirable to secure a good night's sleep, sodium bromide 20 grains and chloral hydrate 10 grains, or 1 grain of codeia may be given by mouth. If the patient is weak or exsanguinated, a preliminary transfusion of whole blood is of decided value. Failing this, an intravenous injection of 1000 cubic centimeters of 10 per cent. glucose in normal saline is of decided value. The latter, being a monosaccharide, can be directly utilized as food, and is an admirable substitute for whole blood in such instances. Gastro-enterostomy cases receive gastric lavage the night before and 1 hour previous to operation. We do not give morphia and atropine as a routine before the anaesthetic, on account of the risk of postoperative nausea. Another drawback is that pupil reflexes are lost as a guide to the anaesthetist.

During the operation, if shock is likely to be a prominent factor,

we resort to the old time, interstitial, or normal saline at the commencement of the procedure. If there has been considerable blood loss, 6 per cent. gum acacia is given intravenously to the amount of 1000 cubic centimeters. To avoid reaction from this, the gum must be dissolved in freshly distilled water, and, of course, sterilized.

For the first 3 or 4 days after an operation of any magnitude, there are as a rule three outstanding symptoms: (1) pain; (2) distention or meteorism; and (3) nausea and vomiting. If these are eliminated, there are very few other postoperative troubles. While routine orders are not favoured, we have an order which applies to all severe or moderately severe abdominal cases. The results which have been obtained since using this routine are its main justification. The order is as follows: morphia sulphate,  $\frac{1}{4}$  grain and a tropine sulphate 1-150 grain, hypodermically as necessary for pain or restlessness; strychnine sulphate, 1-30 grain, hypodermically every 4 hours for the first 48 hours; Murphy drip with glucose 10 per cent., sodium bicarbonate, 5 per cent., with concentrated tincture digitalis (B. & W.) 2 drachms to the first 10 ounces.

There can be but little doubt that morphine and atropine, in liberal doses, given during the first 24 hours, is the one combination par excellence for pain and restlessness. Mental and physical rest are so important that remedies less reliable are a waste of time. Codein, while soothing to the nervous system, fails to relieve severe pain. Aspirin, so commonly used in conjunction with codein, tends to increase the nausea. The argument that morphia encourages postoperative distention seems either to have been exaggerated, or our further postoperative measures combat its influence. A great deal of the trouble that opponents of morphine have experienced has been due to too small dosage. When morphia is used in sufficient dosage to relax spasm of the abdominal muscles and allow of painless contraction, the patient experiences little difficulty in expelling gas, and has no pain while so doing. We give strychnine mainly for its tonic action on the unstriated muscle fiber of the intestine—an important point in the prophylaxis of distention.

The second postoperative difficulty—meteorism or distention, is much easier to prevent than it is to cure. It is toward the prevention of this condition that we find digitalis so valuable. One has only to compare the patients operated upon before its use, with those of the past year, to appreciate the improvement. Just how digitalis prevents distention is open to discussion. Aside from its undoubted action on the heart and circulation, we feel that it has a direct action on the intestinal musculature, as well as through the vagus. After its use we have no difficulty in getting bowel action, and whereas formerly we prescribed pituitrin and eserine frequently, we now only occasionally use them.



To illustrate this striking local action of digitalis, we will quote the following case:

A girl, age 25, was operated upon for stone in the common bile-duct, it being necessary to open the duodenum. The postoperative course was stormy. Digitalis was not given in this case immediately after operation, and distention and vomiting were severe. At the end of 4 or 5 days the bowels having failed to react to purgatives and enemata of various kinds, we gave, per rectum, 2 drachms of concentrated tincture of digitalis in 3 or 4 ounces of water. Two hours later the patient had a copious bowel movement, and was greatly relieved.

This is the only case where we have used digitalis at this late period, for since adopting it as a constituent of the Murphy drip, and giving it immediately on the patient's return to bed, we have been able to avoid difficulties such as the above. At this juncture we wish to point out that, to derive the most benefit, it is essential that it be started within the first hour of the patient's return to bed—that the Murphy drip be not faster than 40 or 60 drops to the minute, and that only 8 or 10 ounces of solution be given, to insure absorption. After the 8 or 10 ounces are given, the drip is discontinued for 3 to 4 hours, and repeated with glucose and soda alone. Another important point with regard to the use of digitalis is its value in preventing the tachycardia that occasionally follows cholecystectomy. Most surgeons have noted this alarming and sometimes fatal complication. Since using digitalis, there has not been a single instance of this.

In some cases, even with digitalis, one gets a moderate degree of meteorism. If such occurs, we use pituitary extract, 1 cubic centimeter, immediately followed by a 1,2,3. enema containing turpentine, 1 drachm. It is important to give the two at the same time, or the pituitrin a few moments after the enema. The practice of preceding the enema with the pituitrin by a period of 15 minutes is faulty, and the results not so good. Sometimes pituitrin fails to work, in which event eserine 1-50 grain every 2 hours for 3 doses may be used. It is strange, but nevertheless a fact, that eserine acts best in those cases where pituitrin fails.

We now come to another troublesome postoperative difficulty—nausea, often associated with vomiting. There are 5 types which require differential diagnoses in order to have successful results: first, anaesthetic; second, acute dilatation of the stomach; third, obstructive; fourth, toxic; fifth, neurotic. We will discuss the differential diagnoses and treatment of each variety in turn.

1. *Anaesthetic.* This follows, if not immediately, in a few hours after the anaesthetic. It is characterized by persistent nausea and the vomiting of any water taken, together with small quantities of bile. Even without treatment, it should be over in 48 hours, except in excep-

tional cases. If it is prolonged after the third day, one should be suspicious of the fifth, or neurotic variety. The treatment depends, in this as well as in any variety of vomiting, on whether the stomach completely empties itself or not. If there is reason to suspect that the stomach does not empty at each emesis, the stomach tube and a copious gastric lavage with weak sodium bicarbonate solution are indicated. If the stomach empties, or is emptied by the tube, relief may be given by administering the following: 1 drachm peroxide, 6 drachms normal salt solution.

If the first dose is vomited, repeat in a few moments. If this fails, a good plan is to add cocaine: 1 drachm peroxide, 6 drachms normal saline,  $\frac{1}{4}$  grain cocaine.

This may be repeated in half an hour if vomited. Sometimes adrenalin and cocaine act well: adrenalin, 1:10000. minims 25; cocaine,  $\frac{1}{4}$  grain; normal saline, 2 ounces.

To be repeated if the first dose is vomited.

During the second 24 hours, a number are benefitted by buttermilk or coffee, and some by acid hydrochloric (dil) and bismuth. A remedy recently used in benzyl, benzoate of sodium. The dose is 15 minims, mixed with five times the quantity of 90 per cent. alcohol. This is again given in 2 or 3 drachms of water, the mouth being immediately rinsed out. We have used this last remedy only a few times, and have found it of marked value. We allow our patients water in abundance, and find it does not increase the vomiting, but adds greatly to the comfort of the patient.

2. *Acute gastric dilatation.* This occurs after cholecystectomy more frequently than after any other operative procedure. It occurs also fairly often after removal of large ovarian cysts. It is characterized by the vomiting of olive green, foul-smelling material. Instead of vomiting naturally, this offensive material spills out over the patient's chin. It occurs about the third or fourth day—sometimes earlier. It is easily mistaken for intestinal obstruction, but as a rule occurs earlier in convalescence, and is not associated with pain. In cases of acute dilatation, on passing the tube after a vomiting spell, one obtains a couple of quarts of material, whereas in obstruction the stomach empties itself. As to treatment—there are only two things to do: repeated gastric lavage, and the right lateral position for the patient. These patients must be kept lying on the right side, and the stomach must be washed at least every 2 hours if a fatal result is to be avoided. It is in this type of vomiting that we are particularly partial to the use of the duodenal tube. It may be fastened in by adhesive on the cheek. The nurse, in the absence of the house-surgeon, pumps the stomach at the 2-hour period. In the event of a duodenal tube not being available, an ordinary stomach tube passed each time is quite



efficient, and has the advantage of being more easily passed than the duodenal tube. In a delirious patient it is almost impossible to pass the latter.

3. *Obstructive vomiting.* This is as a rule early in convalescence from paralytic ileus, or later from bands or adhesions. If due to ileus, repeated lavage is necessary, but if due to organic causes, operation must be considered. It is interesting to note, in studying our cases, that by avoiding meteorism, as pointed out in this paper, the cases diagnosed as paralytic ileus are falling into small numbers.

4. *Toxic.* This occurs after prostatectomies, and is an evidence of uraemia. The element of acidosis in some of these cases must not be forgotten. There is in the uraemic type, increased non-protein nitrogen in the blood, and in those due to acidosis, an acetonuria. The indications are to flush the channels of elimination—by interstitial saline: epsom salts by mouth, if they can be retained at all, and glucose and soda intravenously, or per rectum, preferably the former. Benzyl works best as a remedy by mouth.

5. *Neurotic vomiting.* This occurs in two classes of individual—those who have had previous anaesthetics, and those who are otherwise about anaesthetic vomiting, as doctors and nurses. Any vomiting of the anaesthetic type which persists after the third day is usually neurotic, and should be so treated. The remedy is sodium bromide 100 grains per rectum, or sodium bromide 80 grains, and chloral hydrate, 40 grains, per rectum. Either may be repeated in 4 or 5 hours.

We usually give a dose of castor oil at the end of 48 hours. Daily bowel action thereafter is desirable, either by pill aloin, belladonna, strychnine, and cascara, or liquid paraffin. Food is liquid or semisolid for the first 48 hours; after that the diet may be increased according to the individual case. Gastro-enterostomies are fed as any other case, usually put on malted milk: junket or custard on the second day. We rarely use morphine as a sedative after the first 36 hours. Other sedatives or hypnotics are used when indicated.

The conclusion one arrives at is that postoperative therapy is important; that personality of nurse and doctor counts for much, and that morphia, digitalis, and a stomach tube are life-saving.

*Surgery, Gynecology and Obstetrics, June, 1921.*

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So when you see another  
Losing hope—well, he's a brother,  
And a word, a deed, is due  
To that brother-man from you.  
Help him! It is Christ's own plan!  
Help a fellow all you can.—Dennis A. McCarthy.

## The World's Pulse



### DIRECT WIRELESS TO AUSTRALIA.

The Daily Mail sent a wireless message direct from Fenchurch Street, London, to its correspondent at Sydney, New South Wales. It only took about one-sixteenth of a second to transmit the message from the power station at Carnarvon, Wales, to Australia, a distance of more than 12,000 miles. The message travelled at the rate of 180,000 miles per second—as fast as light.

### AN UNJUSTIFIED SUPERSTITION.

Thirteen men went to the war from a certain village in England. Some of them served on the different fronts, some of them served at sea, and all returned in safety. There would not have been a more lucky number than thirteen in this instance.

### THE ROYAL MARRIAGE LICENSE.

The marriage of Princess Mary is one of the most interesting events in present history, and everything connected with it appeals to us. A royal marriage license is very large, written entirely in old English lettering with black ink. Lines drawn in red under certain words relieve the sombreness. It is said there is only one man in England, a Mr. Bull, who can do the engrossed handwriting required in the document. It must bear the consent of the King and the signature of the Archbishop of Canterbury. It cost \$250.00.

### FIRST ZEPPELIN BOMB.

A bomb has been recovered from Grimsby Fish Dock, by a dredge, which is thought to be the first incendiary bomb from a zeppelin in England. It was the first of many showered on the town and district in the first raid on the east coast. The only damage done was the burning of two trucks on a railway siding.

### SKULL OF A PREHISTORIC MAN.

The skull of a prehistoric man has been discovered under hundreds of tons of mineralized bones at the bottom of a cave in Rhodesia. A great anthropologist says it is the most important discovery since the Pittsdown skull, which was that of a prehistoric woman found in flint-bearing gravel in Sussex. It is an intermediate link between the Java ape-man and the much more highly developed race whose remains have been found at Gibraltar.



## THE QUEEN'S HOMAGE TO THE DEAD.

The inscription on the wreath laid on the cenetaph by the Queen on Armistice Day was written by her own hand on a card. It said, "In proud remembrance of brave men dear to God and famous of all ages, from Mary R." The Prince of Wales' wreath was of red poppies with prince's feathers in white heather.

## LONDON BRIDGE.

A complete arch of the first stone bridge crossing the Thames at the site has recently been found. It was built by Peter, monk of Colechu, at the end of the 12th century, and has been passed over for 750 years.

## GIFTS TO THE PRINCESS MARY.

Every Girl Guide has been asked by Lady Baden Powell to give a penny towards a wedding present for Princess Mary. All the Marys in the United Kingdom, and possibly in the Dominions as well, are to unite in offering her a gift. The large sums which will be sent her in all probability are to be divided between charities in which she is interested, after a certain amount has been set aside to purchase a personal remembrance.

## AIRPLANES WITHOUT PILOTS.

What is described as a new war terror is a plane without a pilot, sent out from a flying ship and operated by wireless. The ship is a sea craft containing all the necessary machinery and supplies. It can anchor beside a coast, or in any desired position, and send up a swarm of hornets to drop bombs, or discharge torpedos upon any object selected. She will be in no danger from submarines, as she will be equipped with a sure device for defeating them. If a human being survives the next war, it will not be the fault of the destructive devices that are being equipped.



Pray! for earth has many a need,  
Pray! for prayer is vital deed.  
Pray! for God in heaven hears,  
Pray! for prayer will move the spheres.  
Pray! for praying leads to peace,  
Pray! for prayer is never lost,  
Pray! for prayer well pays its cost.—*Amos R. Wells.*



## C. A. M. C. Nursing Service Department.

### **"Enemy Planes Were Observed Crossing the Coast"**

(By NURSING SISTER M. JESSIE LEITCH).

The late afternoon light slanted across the green fields and tent-dotted hollows of the South Coast. A military hospital stood on the hill above the sea, and the grounds were dotted with convalescent soldiers in the familiar hospital "blues." There were men with one arm gone, or a leg, lying on the grass under the old elms, talking cheerily to the men with bandaged heads and eyes. They all smoked and chatted as if there wasn't any war, and yet, in their midst, were men for whom the beauty of this English April evening had been blotted out by bursting shells but a few weeks past, in France. But they were Britishers, and moreover, they had "made Blighty." So they sat and smoked, and joked, in English fields.

Some children were playing on the sands below, throwing sticks far out into the water, and shouting at the big white dog to come and fetch them. The blue-green waters of the Channel flashed across to France, and along the sea wall strolled men in khaki, on final leave. Generally they strolled with their best girl, their arm encircling her waist. It was only a matter of time till they crossed to France. And then, who could tell? Either they would be lucky, and get a "blighty" or . . . they would go "west." If they drew a "blighty," they, too, might in the course of a few weeks be back in England, wearing blues, sitting on the grass and smoking woodbines, just as the men up on the hospital hill were doing to-night. If they went "west" . . . well, that was something of which one knew little. Certain it was that it would be a long time before they strolled again beside an English sea, with their arms around their best girls. So, in the green and golden sunset time, they walked slowly along, stooping sometimes to gather the yellow primroses that grew in fragrant clumps at their feet, to search for a four-leaved clover that would assuredly mean good luck and bring them safely back from France.



Suddenly, far up in the sky, a flock of silver birds appeared, their pinions shining in the rays of the setting sun. The men under the trees saw them first, one or two sat up and watched them a minute, before they said to their companions with the bandaged eyes:

"Planes coming over, eh? Look like scouting machines."

The shining flock wheeled slowly in the sky, resolving into some twenty-odd planes, flying in massed formation.

Over beside the hospital some men were watching the machines with interest. Some one ran for a glass.

Then, a man under the trees said softly, and his face whitened as he looked at his companions who could not see:

"Those are German planes."

The little group got to their feet, the men with legs reaching crutches for the amputation cases, the one-armed soldiers guiding the ones who could not see.

Over toward Folkestone a dull boom sounded, and a cloud of flying earth testified that a bomb had fallen, the first. Along the sea wall the couples who sauntered started to run toward the hospital, the children on the sands below were being gathered in by frantic mothers who realized that there was no time to seek shelter other than that afforded by the over-hanging cliffs.

There were doctors and nurses running across the lawns, hurrying patients to the only available shelters; the red brick huts were already full of men too badly wounded to be moved.

In one of the beds a red-haired boy from Toronto sat up, propped with many pillows. His were chest wounds, and, after weeks at No. 2 C.C.S. in France, he had been months in blighty, in this very ward. A glass of daffodils stood on the locker beside his bed, and as the sound of falling bombs came nearer, he smiled at the nurse who lingered by his pillow, and touched the yellow petals gently.

"Poor little beggars," he said. "It's a shame to have them all messed up. They never did anything to Germany—except bring a little sunshine to chaps like me."

After the roar of bombs and upflung masonry had passed, and a few stray shells whined over the mass of debris that an hour before had sheltered wounded soldiers, the silver "birds" wheeled high in the sky and disappeared, leaving a trail of fleecy white clouds in their wake, puffs of bursting shrapnel that fell into the channel and scarcely disturbed the green and blue radiance of its sparkling waste.

Over where the old elm had stood some huddled shapes in blue lay on the grass. There were scattered feathers on the ground, and a few rooks who had escaped unhurt circled amid the broken branches.

Before the rescue parties had reached the last of the poor, broken bodies that lay beneath the mass of wreckage, a silver moon flooded the fields with light, softened the harsh outlines of the ruins and flashed on the waters of the channel. And as the long notes of "lights out" floated out across the camps, they found the red-haired soldier, with all the useless bandages on his chest, still holding his "sunshine flowers" in his hand. And there was a look of quiet peace on his face that the moonlight melted into a smile.

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In response to an S.O.S. from Matron-in-Chief E. C. Rayside, R.R.C., M.H.S., twenty-three returned nursing sisters met at the Montreal General Hospital on December 13th, 1921, and there formed the Montreal Association for Overseas Nursing Sisters. The following were elected to office: Matron-in-Chief E. C. Rayside, Chairman; Nursing Sister J. I. Ramsay, Treasurer; Nursing Sister M. Muir, Secretary; Nursing Sister I. Davies, Registrar; to which is added a Committee of five.

Any nursing sisters passing through Montreal can get in touch with members of the association by applying to Nursing Sister J. I. Ramsay, 12 Oldfield Avenue.

Matron E. N. Charleson, R.R.C., spent the Christmas holidays in her home at Ottawa.

Matron B. L. Smellie, R.R.C., School of Nursing Staff, McGill University, was a recent visitor to Ottawa.

Nursing Sister C. Brunelle, at present stationed at Whipple Barracks, Prescott, Arizona, contemplates taking examinations for the U. S. Public Health Service.

Mrs. M. Booth-Perry announces the marriage of her daughter, Nursing Sister Hilda Hasting Perry, to Mr. George F. Conley, October 21st, 1921, at St. Barnard's Church, Saranac Lake, New York.

Nursing Sister C. I. Isabel Stewart, of the Saskatchewan Red Cross, has been holidaying at her home in Renfrew, Ont., and en route visited friends at Ottawa and Cobourg. Conversing with her one soon becomes aware that here is an enthusiast and one familiar with every phase of the homesteader's problems. It is doubtful if the average resident of Eastern Canada has any, save a vague idea, of the tremendous colonization progressing in the west. Still, surrounded by luxuries, some do recognize and perhaps envy the indomitable spirit of courage and enthusiasm that prompts the pioneer.

Out of compliment to her excellent war service, Nursing Sister M. Helena Lunn was invited to place a wreath from their comrades upon



the Soldiers' Memorial at Dundas, Ont., on Armistice Day. A graduate of St. Michael's Hospital, Toronto, Sister Lunn served Overseas three years, two of which were spent in France. In placing the wreath on the memorial, she said, "On behalf of the comrades of those who played so glorious a part in the war with duty fearlessly and well, with honour and respect I place this wreath. We will not cease to mourn for those who courageously gave their lives for the sacred cause of freedom."



"All we have willed or hoped or dreamed of good shall exist;  
Not in its semblance, but itself;  
No beauty, nor good, nor power  
Whose voice has gone forth, but each survives for the melodist  
Where eternity affirms the conception of an hour."

—Robert Browning.

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"Everyone owes some of their time to the upbuilding of the profession to which they belong."—Theodore Roosevelt.

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It was for me that Jesus died,  
For me and a world of men  
Just as sinful, and just as slow  
To give back His love again;  
And He didn't wait till I came to Him,  
But he loved me at my worst;  
He needn't ever have died for me  
If I could have loved Him first.

—Dora Greenwell

# Hospitals and Nurses



## NEW BRUNSWICK

The first meeting of the season of the St. Stephen's G. N. A. was held in December at the Chipman Memorial Hospital, Miss Branscombe in the chair. An interesting business meeting was held, after which refreshments were served by Misses Boyd and Baskin.

Miss Clara Boyd and Miss Maida Baskin have returned to St. Stephens, after a post-graduate course at the Presbyterian Hospital, New York; the former resuming her duties as Instructress at the C. M. H., and Miss Baskin as head nurse in the same hospital.

The sympathy of the Nurses' Association is extended to Miss Geraldine Humble on account of the sudden death of her father.

Miss Mabel McMullin, R.N., who has been seriously ill, is now convalescing.

## ST. JOHN.

A dance was given on November 17th, under the auspices of the St. John Local Chapter of N.B.G.N.A., at which about \$1,200 was added to the Stammers' Memorial Fund.

Miss Alice Norwood, R.N., Assistant Superintendent of Fredericton Hospital, has resigned.

Miss Cecilia Gleason, R.N., has resigned her position as Night Superintendent of the G. P. Hospital, St. John, and her position has been filled by Miss Grace Finley, R.N. (class 1919).

Miss Elizabeth Sanson, Vice-President of the Fredericton District G.N.A., has resigned, and Mrs. C. D. Richards was appointed in her stead.

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## QUEBEC

### ROYAL VICTORIA HOSPITAL, MONTREAL.

Miss Deane (1921) has resigned her position at the Montreal Maternity Hospital, her position being taken by Miss Ella Moffatt (1919).

Miss Maud Sinclair (1913) is Assistant Superintendent at the Perley Home for Incurables, Ottawa, Ontario.

A most enjoyable dance was given to the nurses and their friends by Sir Vincent Meredith, on December 30th, in Nurses' Residence, which was prettily decorated. The guests, about 300 in number, were received by Miss Hersey and her assistants.

Miss Mildred Ewing (1915) is in charge of the Operating Department at the Buffalo General Hospital.

Miss Edith Karn (1915) is doing district work in Woodstock, Vermont.

Mrs. Eric Paice (Aileen Pomeroy, 1916) is with the Social Service Department of the Royal Victoria Hospital.

Misses Anna Beele (1919) and Eleanor Gardiner (1919) have accepted positions on the staff of Cornell University Infirmary.

Miss Anna Stewart (1902) is ill in the Royal Victoria Hospital.



Dr. and Mrs. A. R. Landry (Elsie Oliver, 1912) are leaving for Paris, where Dr. Landry will take a special course in surgery, having received a scholarship.

#### MONTREAL GENERAL HOSPITAL.

Miss Marjory Ross (1921) has accepted a position in the Port Hope Hospital, Port Hope, Ontario.

Miss Louise McLeod (1908) has resigned from the S.C.R. Victoria, and is now on the staff of the Wellesley Hospital, Toronto, Ontario.

Miss McCallum (1916) and Mrs. Gordon Harper (Miss Winnie Brown, 1909), with many others, have been on the sick list, but all have recovered except these two, who are progressing favourably, and hopes are expressed for a speedy recovery.

Christmas celebration for the patients took the form of a tree and musical programme on Tuesday, December 27th, to the great enjoyment of all. About 300 were present at the annual Christmas dance given to the nurses by the Hospital Board, and which was held December 28th.

Miss E. Little has resigned from the staff of the Winnipeg General Hospital and is now in charge of the Operating Department in the Royal Provincial Jubilee Hospital, Victoria, B. C.

Miss Dorothea McDermott (1921) is taking up work with the Chalmers Settlement House, Montreal.

#### WOMEN'S HOSPITAL.

Dr. Reddy and Miss Edwards represented the hospital at the annual conference of the American Hospital Association held at West Baden Springs, Indiana.

Miss Francis has accepted the position of Assistant Superintendent, Miss Coffee having resigned.

During the month of November, Dr. Cotter gave a series of very interesting lectures, with lantern slides on "The History of Medicine, Preparation and use of Drugs and Vitamines."

Miss S. M. Jamieson, graduate of Jeffrey Hales' Hospital, Quebec, is taking the course for instructors at McGill University, Montreal.

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#### ONTARIO

The annual bazaar under the auspices of the Alumnae Association of the Brantford General Hospital was held on December 8th, 1921, when a good attendance of nurses was noted; the proceeds amounted to \$400.00. The members of the association took pleasure in sending a Christmas present to Miss H. E. Day, a member of the association, who is engaged in the mission field in Chicacole, India.

At the regular monthly meeting of the A. A. of the Woodstock General Hospital, an interesting address was given by Dr. Welford. The meeting was well attended, with Miss M. H. Mackay in the chair.

#### GUELPH.

A Christmas 'Eve entertainment was given to the patients by the nurses and staff of St. Joseph's hospital, which was thoroughly enjoyed by all. Santa Claus distributed gifts to all the inmates, and, after a delightful entertainment, all adjourned to the chapel, where midnight mass was celebrated.

A farewell party to the graduating class was given at St. Joseph's Hospital on January 6th. All spent a delightful evening, and the graduates carry with them the best wishes of their sisters and school.

Miss Ina Fellows, Hamilton General Hospital, who went to South Africa about two years ago, and Miss Annie Male, who went to China the same year, have both been married recently.

Nursing Sister Carscallen (H.G.H.) has accepted a position with the S.C.R.

Miss Irene Elliot (H.G.H.), who for six years has been at the Woman's Hospital, New York, has returned to Hamilton.

Miss Brake, who has been a patient in the General Hospital for over a year, has greatly improved since her last operation.

Nursing Sister Ida Carr is a patient at Calydor Sanitarium, Gravenhurst, Ontario.

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## MANITOBA

### WINNIPEG

Miss Mary Martin, R.N., graduate of the Boston Homeopathic Hospital, Boston, Mass., and till recently Lady Superintendent of the King George Hospital, Winnipeg, has accepted the position of Superintendent of Nurses at the Winnipeg General Hospital. Miss Martin has been in charge of the King George Hospital for the past eight years, where her services were much appreciated.

Miss Timlick (W.G.H., 1917) is in charge of the O. R. at the Children's Hospital, Winnipeg.

Misses Stinson, M. Strong, Mathers and Van Allen are on the staff of the King George Hospital; all being graduates of the W. G. H.

Misses Lynch and Hobson have gone to Toronto University to take courses in public health work.

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## SASKATCHEWAN

### SASKATOON

The regular January meeting of the Saskatoon Graduate Nurses' Association was held at the home of Miss Olive Key, Twelfth Street. Following the business meeting a social hour was spent in games, music and partaking of refreshments.

Miss Noble, of Brandon College Staff, spent the Christmas holidays with friends in Saskatoon.

Mrs. Don Macdonald (S.C.H., 1916) spent a few days in Saskatoon on her way to Drumheller, Alberta.

The many friends in Saskatoon of Dr. C. H. Tindall and Mrs. Tindall (formerly Catherine McIntosh, S.C.H., 1918) will learn with very great regret of the death by accident of Dr. Tindall, in Yuma, Arizona. Dr. Tindall was making a night call in connection with his professional duties when his automobile was struck by a moving train; he was instantly killed. Doctor and Mrs. Tindall had been married just eight months. The most sincere sympathy of her many nurse friends is extended to Mrs. Tindall.

Miss Emily Stevenson (S. C. H., 1919) left recently for Cozad, Nebraska.

Miss Hilda MacDonald and Miss Elsie Nicholson, of the School Hygiene Staff, are enjoying a four months' leave of absence, which they are spending in Honolulu.



The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held at the home of Mrs. W. J. Pulley, R.N., on December 1st. Considerable business was transacted; among other items of business was the appointment of Mrs. Pulley to collect items of interest for the "Canadian Nurse" during the absence of Miss MacDonald. Miss Alice M. Wiggins, R.N., of the Public Health Department, gave a paper on "Syphilis and the work of the Venereal Disease Clinics." Miss Wiggins' address was most interesting and instructive. The meeting closed with a social half-hour.

### MOOSE JAW

The Moose Jaw Graduate Nurses' Association extended an invitation to all graduate nurses in the city to be present at a dinner to be held at the Empress Hotel on Saturday evening, November 26th, to meet Miss Jean E. Browne, President, and Miss Mabel Gray, Secretary-Treasurer of the Saskatchewan Registered Nurses' Association, who were guests of honor. Some fifty nurses responded, and all sat together at one long table. While the first course was being served, Mrs. (Dr.) Leask sang a pleasing solo. After all had partaken of a most delightful dinner, the President, Mrs. W. F. Ironside, introduced the guests, and called upon Miss Browne to address the nurses. After giving a brief outline of what is being done in regard to the National Memorial to our Canadian nurses, Miss Browne gave a most interesting and illuminating talk on some of her experiences in the hospitals of France and England.

At the regular meeting of the Moose Jaw G. N. A., held in the Y.W.C.A. Club Room on Wednesday, December 7th, it was decided, among other things, that, as our "dinner" venture had proven such a pleasant and profitable function, we would try it again in the very near future, and possibly adopt it as a regular feature of our activities in the social and educational department. After the business had been disposed of, Dr. Howard Black gave a most interesting and instructive lecture on "Eclampsia." The meeting closed with a social half-hour.

Miss Margaret Clark, graduate of the Guelph General Hospital, has joined the staff of the Moose Jaw General Hospital, having taken charge of the operating theatre.

### MAPLE CREEK

Miss Smith, R.N., (M.H.G.H.), of the School Nursing Staff, Medicine Hat, paid a recent visit to Mrs. Leslie Quick, R.N., at Maple Creek.

Miss E. Nash, R.N., (Great Falls, Mass), temporarily assumed charge of the Maple Creek General Hospital during the absence of Miss Guillod, the Superintendent, while she was in attendance at the recent nurses' and hospital conventions in Regina.

Nurses of the Maple Creek district regret that Mrs. Doak (Portage la Prairie General Hospital) is no longer to make her home in Maple Creek. After a visit to Portage la Prairie, she will reside in Tofield, Alberta.

Mrs. (Dr.) F. B. Dawson (Grace Hospital, Toronto) has just returned to her home in Maple Creek, after a three months' visit to Toronto and Hamilton.

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### BRITISH COLUMBIA.

#### VANCOUVER GENERAL HOSPITAL

The annual meeting of the V.G.H.A.A. was held in the Nurses' Home on January 3rd. After the election of officers for the ensuing year, it was decided to hold the monthly meeting on the second Tuesday of each month. It is regrettable that the attendance of members at meetings is so small, and it is hoped that in future more interest will be shown in the Alumnae Association by all V.G.H. graduates.

Miss Dolly Sharp, late of the staff of the V.G.H., has left to take charge of the hospital at Britannia Beach.

Misses M. MacDonald, V. Clemeson, I. Smith, E. Sutherland and Emery, of the 1921 class, have accepted staff positions at the V.G.H.

Miss A. Cooper has taken a position on the staff of the Skagway Hospital, where her sister, Miss Connie Cooper, has been for some time.

Mrs. Hutchinson and Miss Jackson, of the 1920 class, have gone to Prince Rupert on the staff of the General Hospital.

#### VANCOUVER.

Mrs. Eva D. Calhoun, graduate of Grace Hospital, Toronto, has been appointed Superintendent of the Vancouver Branch of the Victorian Order of Nurses. Mrs. Calhoun has been for some time in Vancouver, and is well known among its citizens.

A general meeting of the G. N. A. of British Columbia was held on January 21st, 1922, in Vancouver, the President, Miss Breeze, in the chair. A meeting of the Committee on Public Health Nursing was held in the afternoon, a good attendance of those specializing in this branch of nursing being present. Miss Althea McLellan, convener, presided.

A representative of the British Columbia Medical Association, Dr. Burnett, addressed the meeting briefly on the subject of the "Health Week," to be held all over the province a little later in the year, and begged for the co-operation of the nurses. Miss V. M. MacDonald, Director of Emergency Service for the Red Cross Society, spoke on that feature of the Red Cross activities, and urged a more definite plan and organization for disaster relief work in British Columbia than we have as yet made.

The letter from the Convener of the Memorial Committee was read, with its announcement of the British Columbia quota of \$13,000 as part of the \$65,000 asked for by the Committee. After much discussion it was resolved to raise \$6,500, and more if possible, for this purpose. Mrs. Stabler, the recently appointed Supervisor of Public Health Nurses in British Columbia, spoke briefly on her work and asked for recruits for this most important branch of nursing. The local association served refreshments at the close of the meeting.

#### VICTORIA

The Victoria G. N. A. held their monthly meeting on January 4th, 1922, with a good attendance. Misses Alice Williams and O'Brien were appointed members of the private duty committee of the G. N. A. of British Columbia. Dr. Pointz gave an instructive lecture on "Radium and X-Ray Treatment," with practical demonstration of the appliances used, methods of applying, and of radium itself.

#### NEW WESTMINSTER

Miss Gwen Taylor and Miss Mason, who have been on the staff of Lane Hospital, San Francisco, have returned to British Columbia.

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You are writing a Gospel,  
 A chapter each day.  
 By deeds that you do,  
 By words that you say.  
 Men read what you write,  
 Whether faithless or true.  
 Say! What is the Gospel according to YOU?



## BIRTHS

**Martin**—On December 25th, 1921, at Vernon, B. C., to Mr. and Mrs. Stuart Martin (Miss E. Wilson, Vancouver General Hospital, 1919), a daughter.

**Millard**—At Brantford, Ont., on November 2nd, 1921, to Mr. and Mrs. R. Millard (Anna McCullough, B.G.H., 1913), a daughter.

**Hall**—At the City Hospital, Saskatoon, on November 7th, 1921, to Mr. and Mrs. H. Hall (nee Miss Bradley, S.C.H., 1915), a son—Herbert Bradley.

**Wellbelove**—At the Municipal Hospital, Eston, on September 10th, 1921, to Mr. and Mrs. J. Wellbelove (nee Mary McArthur, Galt General Hospital), a daughter—Mary Elizabeth.

**Maher**—In October, 1921, to Mr. and Mrs. Arthur Maher (Blanche Costley, St. John, G.P.H.), Newcastle, N.B., a daughter.

**Everett**—To Mr. and Mrs. Hazen Everett, Fredericton (Ethel Kee, Victoria General Hospital, Fredericton, N.B.), a son.

**Forge**—At Grace Hospital, Toronto, Ont., on December 23rd, 1921, to Dr. and Mrs. F. W. Forge (Phoebe Coburn, Riverdale Isolation Hospital, Toronto, 1918), of Lion's Head, Ont., a son—Lionel Coburn.

**Scott**—At Vancouver, on September 25th, 1921, to Mr. and Mrs. Osborne Scott (Audrey Heath, Winnipeg General Hospital, 1920), a daughter.

**Wilson**—At Hamilton, Ont., on December 26th, 1921, to Mr. and Mrs. Charles Wilson (Marry Ball, Hamilton General Hospital, 1913), a son.

**Turney**—At Grand Mere, Que., on November 25th, 1921, to Dr. and Mrs. Herbert Turney (Muriel Black, Royal Victoria Hospital, Montreal, 1918), a daughter.

**Bradford**—At St. Johns, Newfoundland, on August 6th, 1921, to Mr. and Mrs. Fred L. Bradshaw (Mildred Duder, Royal Victoria Hospital, Montreal, 1913), a daughter—Joan Mary.

**Scrimger**—At Montreal, on December 11th, 1921, to Dr. and Mrs. F. A. C. Scrimger (Ellen Carpenter, Royal Victoria Hospital, 1914), a son.

**Roman**—At the Montreal Maternity Hospital, on January 9th, 1922, to Dr. and Mrs. Lightfoot Roman, of Valleyfield, Que. (Jessie Sedgewick, Royal Victoria Hospital, 1914), a son.

**Clarke**—At the Montreal Maternity Hospital, on December 6th, 1921, to Mr. and Mrs. Herbert Clarke (Shirley Kent, Royal Victoria Hospital, 1916), a son.

**Williams**—To Dr. and Mrs. Williams (nee Davis, Winnipeg General Hospital), a son.

**Bain**—To Mr. and Mrs. Bain (nee Melville, Winnipeg General Hospital), a son. September 4th, 1921.

**Bassford**—To Mr. and Mrs. Douglas Bassford (nee Menagh, Winnipeg General Hospital, 1916), a son, on September 29th, at Winnipeg.

**Halt**—At Kootenay General Hospital, Nelson, B. C., to Mr. and Mrs. Chas. Halt (Alice Jones, 1916, Winnipeg General Hospital), of Balfour, B.C., a son.

## MARRIAGES

**Watson-Kipp**—At Chilliwack, B.C., on January 2nd, 1922, at the home of her parents, Mr. and Mrs. E. A. Kipp, Frances Kipp (V.G.H., 1919), to Mr. William Watson.

**Morison-Moss**—At Victoria, B.C., on December 10th, 1921, Dorothy Beryl Moss (Montreal General Hospital, 1917, and Nursing Sister C.A.M.C.), to Mr. Charles Keith Morison, of Martinez, California, youngest son of the Rev. D. W. and Mrs. Morison, of Beauharnois, Quebec.

**Lee-Lewis**—At the bride's home, New Westminster, B.C., on December 31st, 1921, Audrey Lewis (Royal Columbian Hospital), to Mr. Lee, of Pasco, Washington.

**Wilson-Gray**—At Duhamel, Alberta, on January 5th, 1922, Grace A. Gray, R.R.C. (graduate Toronto General Hospital, 1907, and Nursing Sister C.A.M.C.), to Alexander G. Wilson, B.A., L.L.D., of Edmonton, Alberta.

**Morrison-Bond**—On December 28th, 1921, in Cumberland, B. C., Mary Bond (Nicola Valley General Hospital) to Mr. Reginald Morrison. They will reside in Merritt, B. C.

**Offley-Gisborne**—In November, 1921, in Merritt, B. C., by the Rev. James Thompson, Florence Gisborne (Ladysmith General Hospital, Ladysmith, B. C.), to Mr. Arthur Offley, of Merritt.

**Becktie-Anderson**—In June, 1921, Miss D. C. Anderson (Winnipeg General Hospital, 1914), to Mr. Sylvam Becktie.

**Anderson-Walker**—In December, 1921, Olive Watson (Hamilton General Hospital) to Hugh Anderson, of Hepworth, Ont.

**Hunter-Nash**—In Erskine Presbyterian Church, Hamilton, Ont., on January 4th, 1922, Eva Nash (Hamilton General Hospital, 1917), to John Hunter, of Grimbsy, Ont.

**Montgomerie-Hastie**—On November 23rd, 1921, at Maple Creek, Sask., Nursing Sister Grace Hastie, R.N. (V.G.H.), to Mr. T. Montgomerie, of Medicine Hat, Alberta. Both served Overseas.

**Gibson-Fletcher**—On June 29th, 1920, at Galt, Ont., Margaret Fletcher (B.G.H., 1920), to Mr. H. Henderson, of Paris, Ont.

**Shirton-Hewitt**—On July 6th, 1921, at Waterford, Ont., Esther Hewitt (B.G.H., 1918), to Dr. G. Shirton, of Waterford, Ont.

**Hewitt-Jennings**—On December 7th, 1921, at St. John's Church, Brantford, Ont., Beatrice Jennings (B.G.H., 1918), to Mr. Tom Hewitt, of Princeton, Ont.

**Devine-Lightbound**—At Montreal, on December 29th, 1921, Muriel A. Lightbound (M.G.H., 1918), to Mr. J. Howard Devine, of Newark, N.Y.

**Giroux-Landry**—At Moncton, N.B., on December 14th, 1921, by the Rev. Fr. Cormier, Alice Landry, Victoria Public Hospital, Fredericton, N. B., to Mr. Lorenzo Giroux, Quebec.

**Clifford-Baynes**—At Regina, Sask., on December 3rd, 1921, Nursing Sister Kate Baynes (Vancouver General Hospital) to Mr. George Clifford, of the C.C.M.P.

**Hayes-McGiveney**—In October, 1921, at Fredericton, N.B., Loretta McGiveney (Victoria General Hospital, Fredericton, N.B.), to Mr. Leo Hayes.

**Good-Buchanan**—In October, 1921, at Fredericton, N.B., James Good to Mary Buchanan (Victoria General Hospital, Fredericton, N. B.).

**Greene-Bosence**—At St. John, N. B., on October 9th, 1921, Lillian Bosence (General Public Hospital, St. John, N. B.), to Mr. John Greene.

**Nelson-Dale**—In Saskatoon, on January 1st, 1922, Frances A. Dale (S.C.H., 1921), to Ralph E. Nelson. Mr. and Mrs. Nelson will reside in Unity, Saskatchewan.



**Henderson-Turner**—At Riverside, N. B., on December 27th, 1921, Milliecent Aileen Turner (Royal Victoria Hospital, 1915), to Mr. Thomas E. Henderson. They will reside at 10 Chestnut Avenue, Hamilton, Ont.

**Sebben-Whyte**—On December 27th, 1921, at Stratford, Ont., Vera Helen Whyte (Royal Victoria Hospital, 1920), to Dr. John Sebben.

## DEATHS

**Hegel**—At the residence of her sister, Mrs. Schardin, 911-0 Street, Sacramento, on November 8th, 1921, Helen M. Hegel, of Morrisburg, Ontario, graduate of the Montreal Maternity Hospital, 1892.

**Birtles**—At her home in Alexander, Man., Miss Sarah Birtles. Winnipeg General Hospital, class 1889.

**Blott**—Nursing Sister Jane Blott (Class 1908, New York Hospital), on October 1st, 1921, at Gosport, N.Y., after a long and painful illness. Sister Blott had been employed in M.D. Nos. 2 and 10 respectively.



By my tasks of every day,  
By the little words I say,  
By the friendships which I make,  
By the roads my footsteps take,  
My allegiance I proclaim—  
My allegiance to a Name—  
Prove my right His cross to wear,  
Cross and Name of Christ to bear.

—George Klinge

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I would I were an armed knight,  
Far famed for well-won enterprise,  
And wearing on my swarthy brows  
The garland of newly-wreathed emprise;  
For in a moment I would pierce  
The blackest files of clanging fight,  
And strongly strike to left and right,  
In dreaming of my lady's eyes.

—Kate.

## Meeting of the International Council of Nurses

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A meeting of the International Council of Nurses for the transaction of business is to be held at Copenhagen during the week May 22nd to 27th, 1922. The invitations will be issued by Mrs. Henry Tscherning, President of the International Council and the Danish Nurses' Association. The arrangements are being agreed between Mrs. Tscherning and Miss L. L. Dock, Hon. Secretary, and Miss M. Breay, Hon. Treasurer.

Copenhagen is a lovely city, and the Danish Nurses' Association very efficiently organized, so the invitation will, we feel sure, meet with hearty response. At present the following National Associations of Nurses form the International Council:—The National Council of Nurses of Great Britain and Ireland, the American Nurses' Association, the Canadian Nurses' Association, the New Zealand Nurses' Association, the Trained Nurses' Association of India, the German Nurses' Association, the Dutch Nurses' Association (Nosokomos), the Danish Nurses' Association, and the Nurses' Association of Finland.

Applications for affiliation have been received from the Norwegian, Italian, and Chinese Nurses' organizations, and it is to be hoped that the Trained Nurses' Association of South Africa will also be ready to come in. The Danish nurses are anxious to discuss several questions of international interest.

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### A WORD FOR THE WEEK.

"Live your life while you have it. Life is a splendid gift. There is nothing small in it. Far the greatest things grow by God's law out of the smallest. But to live your life you must discipline it. You must not fritter it away in erring act, inconstant will; but must make your thought, your words, your acts, all work to the same end, and that end not self but God. This is what we call Character."

—*Florence Nightingale.*

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Love is an unerring light  
And joy its own security.

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"Saying and doing, we stand on the rock,  
Saying, not doing, we stand on the sand.  
Both shall be tried by the storm and the shock,  
Only the rock the trial will stand."—*Anon.*





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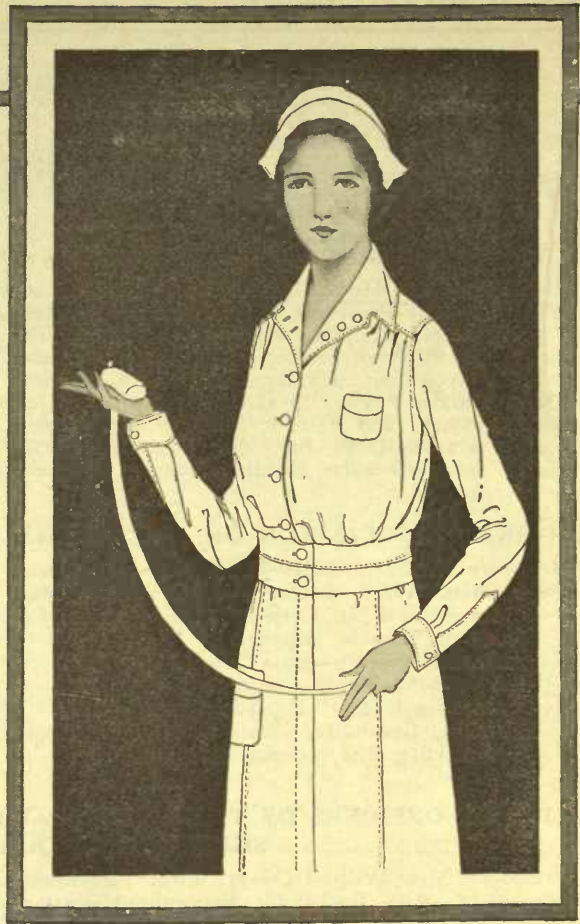
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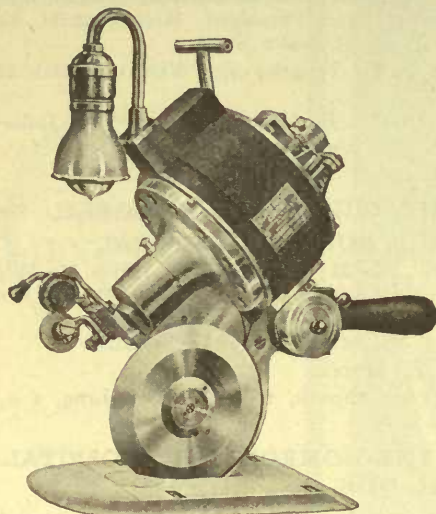
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Regular Meeting—Second Wednesday, 8 p.m.

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Let His spirit enter in,

Making right the heart within,

Fit for heaven above.—*John Sterling.*

Knowledge is now no more a fountain seal'd;

Drink deep, until the habits of the slave,

The sins of emptiness, gossip and spite and slander die.

—*The Princess.*

## NEGLECTING THE WEB.

"I'll weave my web in the morning," she said,  
"I'll weave it well with the best of thread,  
With the choicest flowers I'll adorn,  
For time hastens slowly in life's gay morn;"  
But the morning came with its roses fair,  
With its pleasant sunshine and balmy air,  
And she went to play by the little rill,  
And butterflies chase on the grassy hill,  
And the web's forgotten, I grieve to say,  
For the morning was wasted in thoughtless play.

"I'll weave my web at noonday," she said,  
"When my strength fails not, and my cheek is red  
With the vigor of health, for then the task  
Will be easily done, no help I'll ask;"  
But the noonday came with its many cares,  
With its labors hard, and its toil that wears  
The life away with its ceaseless round  
Of worries and care that she daily found,  
And amid them all she neglects the web,  
Nor thought of it once till the noonday's ebb.

"Ere the sun goes down, and the bird has fled  
To hide for the night in its sheltered nest,  
For then I'll have leisure and time for rest;"  
But the evening came like the morning and noon,  
With darkness and clouds that obscured the moon,  
And sad at heart, and with aching head  
She lay down to rest on her quiet bed,  
And the morning came, but alas! the web  
Remained unwoven—her life had fled.

—Rev. W. A. Bradley, B.A.,  
Teeswater, Ont.

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Thy dreams of noble doing are but seeds,  
And all about thee lie the waiting fields;  
Sow thou in faith and love—the season yields  
The perfect flower that crowns unselfish deeds.

Antony E. Anderson



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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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VANCOUVER, B. C., MARCH, 1922

No. 3

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## Memorial Committee

### PROGRESS OF THE NATIONAL COMMITTEE

Miss E. K. Russell, Department of Public Health Nurses, University of Toronto, has been appointed secretary of the National Committee.

### PLACING OF MEMORIAL

The Deputy Minister of Public Works, the Honourable J. B. Hunter, has been communicated with in regard to securing permission to place the memorial at Ottawa. Miss Dickson, President of the Canadian National Association of Trained Nurses and a member of the National Memorial Committee, expects to have an interview with the Deputy Minister in the near future, as she expects to be in Ottawa.

### PROGRESS OF PROVINCIAL COMMITTEES

Some advancement in plans has been reported during the month of January. The provincial committees are being organized and plans

are being made for securing the fund assigned to each province.

ALBERTA—Convener and Provincial Treasurer, Miss E. MacPhedran, Central Alberta Sanitarium, Calgary. The committee has been formed by appointing the presidents of the local nursing associations, the superintendent of the Public Health Nurses, the president of the Overseas Nurses' Club of Edmonton, the superintendents of hospitals where there are no nursing organizations, and Mrs. Christine Forbes, of Peace River District. This Province hopes to collect the whole fund from the nurses themselves.

MANITOBA—The Provincial Committee has been appointed as follows:—Convener, Mrs. Bruce Hill, Winona Court, Nassau Street, Winnipeg; Treasurer, Miss E. Carruthers, 758 Wolseley Avenue, Winnipeg; Secretary, Miss I. Jeffares, 11A Justice Apartments, Winnipeg.

ONTARIO—The Provincial Committee is making decided progress in the plans for communicating with the nurses throughout the Province, and to interest all nurses in the success of the undertaking.

NEW BRUNSWICK—A report states that a meeting is being held in February to decide what action this Province will take in regard to the memorial. No committee has as yet been appointed.

NOVA SCOTIA—The Provincial Committee is as follows:—Convener, Miss K. O. MacLatchey, Military Hospital; Treasurer, Miss Laura Hubley, Military Hospital, Halifax; Miss Catharine Graham, Miss Margaret McKenzie and Miss Mary Hayden. Further appointments will be made and reported at a later date.

The National Committee would like to call attention to the resolutions passed at the annual meeting in Quebec:

"Moved by Miss Randal, seconded by Miss Urquhart, that this association decide upon a National Memorial in the form of some permanent structure, actual definite form to be left to a committee and established in Ottawa as our Federal centre. The final decision to be brought to the Association for approval."

"Moved by Miss Gray, seconded by Miss Mabel McNeill, that the objective of the National Memorial be \$50,000, and any money left over be given to the provincial associations as a nucleus for their memorial."

Some of the provinces are now objecting to the form which the memorial will take. The National Committee has no alternative except to carry out the wishes of the association as expressed by the representatives of the different affiliated associations.

The raising of the objective from \$50,000 to \$65,000 was approved by the Executive Committee of the Canadian National Association of Trained Nurses before any action was taken by the Memorial Committee. This change was made, as the original estimate did not provide



for any expenses necessary to the work of the National Committee, the preliminary work of securing designs or the establishment of the memorial after the design decided upon is completed. This committee hopes that this explanation will explain this matter to the members who have raised the question.

JEAN I. GUNN, Chairman.

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### Professional Courtesy

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In the midst of the breathlessness which is at present a characteristic of the nursing world, as it hurriedly follows in the steps of Progress, the necessity of harking back sometimes to first principles cannot fail to be apparent to the true lover of the profession. There is cause for fear lest, beneath the somewhat overweighted superstructure of technical education, which is being raised above her head, certain fundamental matters should be smothered or overlooked in the training of the present-day probationer.

It is no new dictum that education and examinations, certificates and registration do not, and never will, constitute all that is needed to make a really good nurse. Even if she add to these attainments the solid virtues of conscientiousness, patience and general worthiness, all will be discounted if these excellent materials are not made pleasing to the eye by a delicate embroidery of kindness and sympathy; by a gracious manner and true courtesy. In the absence of these added graces, the advent of a nurse in a private house is often looked upon with dread and aversion; in the hospital ward, patients become gloomy, homesick and irritable; in the "Homes"—alas, so often a misnomer—melancholy makes more dreary the already gray life of those who are known as "Incurables"; while a deeper shadow is cast over the mind of the "mental" patient, making him more introspective and wretched, and certainly lessening his slender chances of recovery. Although it may seem a very small thing to be "glum" when one should be bright, to allow an abrupt manner to conceal quite good intentions and a really kind heart, or to treat those whom one considers "unimportant" people with indifference or scant politeness, it is in reality an item of conduct which cannot be ignored with impunity, and may have consequences far-reaching and unexpected. Matrons of hospitals and sisters of wards are not always blameless in this respect, and, indeed, one is forced to acknowledge that strangers or patients' visitors often meet with far more politeness from the newest probationer than from her superior officers. Her habit of courtesy has, presumably, not yet been attenuated to vanishing point by the attrition of too constant use, for, admittedly, politeness is one of the most elusive of everyday graces. For all

that, it is impossible to overrate its importance.

Courtesy should have its natural source in the matron's office, and permeate from thence through the sister's sitting-room to the wards, to duty-rooms and ward-kitchens, the out-patients' waiting-hall, the enquiry-office and the porter's lodge. Immediately on crossing the threshold this pleasant atmosphere should meet and surround strangers as a matter of course; but, with some notable exceptions, this is by no means the case. It is within the experience of most people who visit hospitals and kindred institutions that sometimes they are greeted with curt questions or are ignored altogether. Should they by mistake call to see a patient when it does not happen to be "visiting day," or commit the heinous offence of forgetting to bring with them the regulation "visitors' cards," they may find themselves looked upon as social outcasts and treated as such. Even the reply to a perfectly natural question at a ward door as to the bed where a patient may be found has been known to be given with a vexed inflection of voice, or an air or infinite boredom, by the nurse on duty! And surely there must be something wrong in a hospital where, should a visitor from a distance be permitted on an occasion to see a patient at the ward tea time, the cup which cheers, but yet which costs so little, is not offered her.

Rules in the hands of authorities who have never learned the art of courtesy become as cast-iron and resemble penalties to be enforced, rather than arrangements which have been made for the comfort and well-being of all. In all institutions for the sick they should be elastic, capable of wide interpretation by kindly minds, and administered always in a tactful, courteous manner. In every walk of life courtesy "pays." Nothing is gained by incivility. Grumpy, ill-mannered people cannot hope to be popular, but the tactful conceding of some unimportant point, not grudgingly, or of necessity, has been known to win many friends. Everywhere charitable institutions are crying out for public support, and the authorities of such will do well to be careful that none of their subordinates cultivate an attitude towards the strangers within their gates calculated to alienate sympathy and dry up possible channels of help.

In the oldest minute-book in the possession of the Edinburgh College of Surgeons there is a prayer, quaintly spelled and worded, by the famous Scottish reformer, John Knox, which was quoted in the Fellowship address at the American Convocation of the College of Surgeons. In it he says, in connection with "things that concern our calling, we beseik thee, O Lord, to gif us grace to proceed thereintill without malice, grude, or partialitie, sua that the things we may do may tend to the glorie of God, the weill of our vocation, and comfort of every member of the samen." Here is, at once, the bedrock and the highest altitude of our profession—the motive and the crown of all.—

*The Nursing Mirror.*



## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,

Curator of the Medical Museum, McGill University

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(Continued from February, 1921).

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### LECTURE X.

#### SECTION 22.

#### NURSING IN THE GREAT WAR.\*

(a) *The British*, (b) *The Canadian*, and (c) *The American Army Nursing Services*; (d) *Edith Cavell*, and others.

Foreword: It need scarcely be remarked that an attempt has not been made to cover this immense subject in its entirety here. As elsewhere, in these lectures, treatment of it is necessarily fragmentary and suggestive, and the account is meant to serve rather as an introduction which should be pursued by the student further and along broader lines elsewhere. Accordingly, an outline is given only of the organization of the Nursing Service in those countries with which we are most directly concerned, namely, that of the British Army and of the Canadian and American Expeditionary Forces. The facts stated below have been drawn from or corroborated by the following official sources, and are, therefore, strictly correct. The account of the development and organization of the Canadian Nursing Service, together with the biographical statements attached, has been kindly supplied to the writer for the purpose of these lectures by Matron-in-Chief Macdonald, R.R.C., Department of Militia and Defence, Ottawa (who has been appointed by the Dominion Government to write the official history of the Canadian Nursing Service during the War); the biography of Miss Macdonald herself is drawn from an article in "*Echoes*" for March 1921, written by Matron-in-Chief Rayside; the statement of the organization of the Nursing Service under the British Army has been submitted to the Chairman of the Queen Alexandra Nursing Service and approved by him; that of the Nursing Service under the American Expeditionary Force is from the pen of Major Julia C. Stimson, Superintendent of the American Army Nurse Corps, Washington, D.C., who has most kindly supplied it; and the description of the Western Reserve University Unit is written by Dr. Crile and Nursing Sister Agatha Hodgins, Head Anaesthetist of the Lakeside Hospital, Cleveland.

The valuable and authentic information thus obtained greatly enhances the value of this portion of the course, and the assistance so rendered is gratefully acknowledged by the compiler of these lectures.

## (a) THE BRITISH NURSING SERVICE.

*Remarks:* For the sake of clearness and to preserve the chronological order of entrance into the war, an introductory statement on the organization of the British Army Nursing Service is in place. This service is not, as in the case of the Canadian and American Expeditionary Forces, a part of the British Military system, that is, of the R.A.M.C., but is in the nature of an auxiliary to the British army; for this reason, while its members staffed the British hospitals from the Casualty Clearing Stations back, had full authority and status in the discharge of the duties of their post, and became the recipients of the highest honours that could come to women (as in the rank of "Dame"), they were not on the military basis nor could they receive relative rank, remaining as "Matron" and "Sister." The British Auxiliary Nursing Service was organized under the patronage of Queen Alexandra, under the title of the Queen Alexandra Imperial Nursing Service. Its members were divided before the outbreak of the war into the *Permanent Force* and the *Reserve*. The members of the Permanent Force were women of high professional, social, and educational status, who were selected for special qualifications, and from their ranks were largely drawn the Matrons of the various British Hospitals. The Reserves were drafted into service as Staff Nurses on the outbreak of the War, in the same way as were the men on the Army Reserve. The members of the Permanent Service wore the grey uniform with scarlet cape; members of the Reserve wore a grey cape with scarlet border. During the War an appeal was made in the Colonies for Staff Nurses for the Queen Alexandra Imperial Military Service, and a number responded. In addition to those from the Queen Alexandra Service, a large number of the British Army Nurses, during the war, were drawn from the Territorial (Old Volunteer) Force Nursing Service, which is now known, since the Militia Act of October 1st, 1921, as the Territorial Army Nursing Service. The Matron-in-Chief of the British Nursing Service in England throughout the War was Dame Ethel Hope Beecher, R.R.C., late Matron-in-Chief of the Queen Alexandra Service and Chevalier of the Legion of Honour of the French Republic; Dame E. Maud McCarthy, G.B.E., R.R.C., Matron-in-Chief of the Territorial Nursing Service, held the same high office with the British Expeditionary Force in France; and Miss Beatrice Jones, G.B.E., R.R.C., of the Queen Alexandra Service, was Matron-in-Chief with the British Expeditionary Force in Mesopotamia from 1914 to 1920, and then Chief of the Civil Administration there until her death at Bagdad, on January 19th, 1921.

A report of the Territorial Service during the War, presented by Dame McCarthy on December 2nd, 1920, showed that 7,117 members were on active service; 2,280 served abroad. Twenty-four General Hospitals of 520 beds each, and each staffed by 121 members, had



been established in its forces. Of the Units sent abroad, ten General Hospitals had been sent to France; three General Hospitals and one Stationary Hospital to Salonika; one Stationary Hospital to Malta; one General Hospital to Egypt; one General Hospital to Mesopotamia, and one General Hospital to East Africa; also, numerous members of the force were posted in casualty clearing stations, ambulance trains and barges, hospital ships, etc. There were forty-eight casualties. The gallant work of this service reached a very high standard and a special medal known as the Territorial Force War Medal has been established by the King for its members on active service from 1914 to 1919, who had volunteered before September 30th, 1914.

The Queen Alexandra Service and Reserve have a still larger record, over 13,000 members having been enrolled and numerous decorations received. So also the Queen Alexandra Royal Naval Force Nursing Service.

The youngest branch of the British Army Nursing Service is that of the Royal Air Force. This was formally established by Royal Warrant on January 27th, 1921. It consists, as in other branches of the British Service, of a Matron-in-Chief, Matrons, Senior Sisters, Sisters and Staff Nurses. It was in action through the latter part of the War before its formal establishment.

Slide 232. Miss Christine Cameron, R.R.C. Matron of the R. A. F. Hospital at Halton Camp, Bucks. Trained at the Royal Infirmary, Manchester; did private duty nursing and nursing in infectious diseases, and then was five years on the staff of the Princess Christian Trained Nurses' Home at Windsor. In August, 1914, was called up for duty, as a member of the Queen Alexandra Reserve; on active service in France until 1918; invalided home and later joined the Royal Air Force Nursing Service; received the Royal Red Cross, the 1914 (Mons) Star, the Allies Medal and the Victory Medal.

Slide 233. Memorial Tablet to the Scottish Nurses of the Q.A.I.M.R.S., and the T.N.F.S., who died on War Service; erected in St. Giles' Cathedral, Edinburgh. Sculptor, Mr. L. P. Roslyn. At the top is a statue of St. Andrew and the Badges of the Queen Alexandra Imperial Nursing Service, and its Reserve, and of the Territorial Force Nursing Service. Below is the inscription—"To the Glory of God, and in memory of the Scottish nurses who gave their lives in the Great War, 1914-1919." Bronze figures at either side below represent Courage and Patriotism, Peace and Sacrifice. The center of the tablet bears the names of the nurses who made the supreme sacrifice.

Other memorial tablets have been erected in Cathedrals in Wales and in Dublin. Memorials to the English Nurses to be placed in the Memorial Chapel of the Queen Alexandra Military Hospital and in the Kitchener Chapel of St. Paul's Cathedral, London, are in course of preparation.

(b) THE NURSING SERVICE OF THE CANADIAN ARMY MEDICAL CORPS.

*Remarks:* (By Matron-in-Chief M. C. Macdonald, R.R.C.). With the participation of Canadian Troops in the South African Campaign, 1899 to 1901, there developed the question of the inclusion of Nurses. Volunteers were not wanting.

When it was decided that Canadian Hospitals carrying female

personnel would not be required, the services of four Canadian nurses were placed at the disposal of the Imperial military authorities for duty in South Africa. The offer was gratefully accepted and the first appointment given to *Miss Georgina Fane Pope*, a graduate of Bellevue Hospital, and a member of a distinguished Prince Edward Island family. To accompany her, the Misses S. Forbes, B. Russell and M. Affleck were selected. This party accompanied the first Canadian contingent, embarking November, 1899.

Upon the formation of the second Canadian contingent, four more nurses—Misses Harcomb, Horne, Macdonald and Richardson—were appointed for similar duty and embarked for South Africa early in 1900. Later, followed the Misses F. Cameron, M. H. Smith and A. W. Scott. Although nominally serving under the Matron of Imperial war hospitals, Miss Pope, by virtue of special administrative ability, as well as seniority of appointment, became responsible in all nursing matters directly affecting the Canadian sisters. The honour, zeal and dignity of Canadian women could not have been placed in better hands. To Miss Pope's example and insistence upon the highest nursing ideals, with correctness of demeanour at all times, is due the favourable impression of her valuable services in South Africa. Miss Pope was awarded the Royal Red Cross. After return to Canada, the aforementioned ladies were placed on the reserve list of the active militia. Upon the formation of the Permanent Army Medical Corps Nursing Service in 1906, Miss Pope was at once appointed Nursing Sister, with the relative rank of Lieutenant, and, subsequently, promoted Matron, with the relative rank of Captain. A month or two following, Miss Macdonald's appointment was gazetted. Thus, for the first time in the history of the world, were women granted recognition in the form of army rank. The credit for this step was entirely due to the initiative and farseeing policy of the then Director-of-Medical-Service, Surgeon General Guy Carleton Jones, C.B., C.M.G., etc. Succeeding years have amply justified the lead established by Surgeon-General Jones. Australia followed suit after the outbreak of the great war, and since its close American nurses have been granted full army rank.

When the war broke out in 1914, one of the earliest and keenest volunteers was Matron Pope, but it was not until August 13th, 1917, her services could be spared from the Military Hospital, Halifax. After arrival in England, Matron Pope was attached to Nos. 15 and 16, Canadian General Hospitals, respectively, later taking over the duties of Matron at No. 2 Canadian Stationary Hospital, Outreau, Boulogne. The strenuous work, combined with the strain of frequent air-raids, served to shake Matron Pope's health, necessitating invaliding to Canada on November 26th, 1918. After due convalescence, Matron Pope retired on pension, the Army Nursing Service thereby losing one of its most zealous members.



In the meantime, Nursing Sister Macdonald had, in 1914, been called to Militia Headquarters, promoted to a matronship and instructed to select from thousands of volunteers one hundred nurses suitable for service in the war zone. Miss Macdonald had, in 1911, been in England, making a special study of the organization, mobilization and administration of the various Imperial Army Nursing Services. She accompanied the first hundred odd nurses overseas in September, 1914, and, in November, 1914, was appointed Matron-in-Chief. An office under the Director-General of Medical Services (Canadian) was opened in London; from here, throughout the war, Miss Macdonald administered the C.A.M.C. Nursing Service, her duties including periodical visits to all Canadian Army Hospital Units staffed by C. A. M. C. nurses.

The following casualties occurred in the C.A.M.C. Nursing Service: Died Overseas, 18; killed in enemy action, 4; died of wounds, 2; drowned as result of enemy action at sea, 15. Total, 39. Seven nurses died on home service, making a grand total of 46.

DECORATIONS:—Six hundred and thirty-four decorations or citations were conferred upon the members of the Canadian Nursing Service during the war. They are grouped as follows:—

*British*—Victoria Medal, 4th Class, 1; Commander of the British Empire, 1; Officer of the British Empire, 1; Military Medal, 8; Bar to the Royal Red Cross, 4; Member of the Royal Red Cross, 65; Associate Royal Red Cross, 251; Promoted from 2nd to 1st Class, R.R.C., 17.

*Conferred by French President*: Medaille d'Honneur "En Argent," 1; Medaille des Epidémies "En Vermail," 2; Medaille des Epidémies "En Argent," 31.

*Belgian*: Conferred by H. M. Queen of the Belgians—Medaille de la Reine Elisabeth.

*Mention (British)*: Mention in Despatches, B.E.F., 126; mention in despatches, British Forces in Egypt, 3; mention in despatches, British Salonika Army, 29; mention in "The Times" press communique for valuable services in connection with the war, 91.

In addition to those in the Canadian Nursing Service under the C.A.M.C., 314 Canadian nurses went Overseas (at the request of the War Office) to join the Queen Alexandra Imperial Military Nursing Service Reserve. Of these, 134 subsequently transferred to the C.A.M.C. Also there were, with the Harvard and several other American Units sent over before the entrance of the Americans into the war, a large percentage of Canadians. Many Canadians served, too, under irregular British, French and Belgian units, so that the number of Canadian army nurses had totalled considerably higher than the C.A.M.C. lists. (Statement received from Miss Macdonald).

Slide 234. Matron Georgina Fane Pope, R.R.C. In charge of the Nursing Service in South Africa during the Boer War and served during the World War at Halifax, N.S., and at Nos. 15 and 16 Canadian General and at No. 2 Canadian Stationary Hospital. For biography, see above under "Remarks."

Slide 235. Matron-in-Chief Margaret Clotilde Macdonald, R.R.C., L.L.D. Born in Pictou, N.S.; received nursing education in New York City Hospital, and immediately thereafter accepted a post at Montauk, N.Y., during the Spanish-American war, and was then sent to South Africa with the Second Canadian Contingent. In 1905 was selected by the U. S. Government Department of Health to nurse the Panama Canal Zone. On her return to Canada was appointed to the newly organized nursing service of the Permanent Canadian Army Medical Corps, and served here until the outbreak of the Great War. Studied the organization of the British Nursing Service in 1911 for six months. In August, 1914, was immediately summoned to Ottawa to organize the Nursing Service on a war basis, and rendered valuable service in this connection during the first rush at Valcartier. Sailed at the head of one hundred nurses with the First Canadian Contingent; on arrival at London, became, with them, the guest of St. Thomas Hospital during their stay there. Appointed Matron-in-Chief of the Overseas Nursing Service of the Canadian Expeditionary Force in November, 1914. Took up office at Military Headquarters, London, and remained there as Matron-in-Chief for the duration of the war, being the only person in the C.A.M.C. who retained the same appointment throughout. Under her administration 2,500 Canadian nurses were distributed in hospitals in England, France, Belgium, Greece, Egypt and Russia, during the next five years. In the conduct and discharge of the many duties of her responsible post, Matron-in-Chief Macdonald showed a degree of organizing skill and executive ability, a power of meeting emergencies and a keen judgment of character, combined with qualities of justice and kindness of heart that made her an invaluable element in the personnel of Canadian Headquarters. It was by reason of her exceptional ability as an organizer, coupled with the executive ability she possessed for carrying out plans, as she visioned them for the betterment of the whole, and by dint of her keen determination to overcome every obstacle—and at times there were many—that the Nursing Service was administered so successfully. "Her keen intellect, good judgment and, above all, her straightforward, honest way of looking at things, without prejudice, as well as her broad sympathy, appealed to everyone. Because of these qualities, every nursing sister felt that she had a personal friend at court who would plead her cause, and one whom she could at all times approach with the full assurance that she would receive the necessary help or advice sought." Returned to London in December, 1919, and was retained on the Permanent Force at Ottawa as Matron-in-Chief of the Canadian Nursing Service, to whom was also intrusted the writing of the history of this important branch of the C.A.M.C. during the Great War. In 1915 she received the decoration of the Royal Red Cross, First Class, and in June, 1920, she was awarded, at Geneva, the Florence Nightingale Medal, which is recognized as the highest honour within the nursing profession. In recognition of her distinguished service to her country, the Degree of L.L.D., *Honoris Causa*, was conferred upon her by St. Francois Xavier University, Antigonish, N.S., in June, 1920, as a member of the Nova Scotia Historical Society, and an Honorary Life-Member of the Imperial Order of the Daughters of the Empire.

Slide 236. Matron-in-Chief Edith Catherine Rayside, R.R.C. Born at Martintown, Ontario; received education at Queen's University, Kingston; nurse training at St. Luke's Hospital, Ottawa. Selected for Overseas service January, 1915, and immediately promoted to the appointment of Matron on proceeding overseas, February, 1915. Served as Matron, No. 2 Canadian General Hospital, Le Treport, France, and Moore Barrack's Hospital, Shorncliffe, England. Subsequently attached to office of Director of Medical Services, London, for instructional purposes. Distinguished Service—mentioned in despatches of Commander-in-Chief Field Marshal Lord Haig, January, 1916. Awarded the Royal Red Cross, First Class, January, 1917. When it became imperative that a Matron-in-Chief be in attendance at Militia Headquarters, Ottawa, Matron Rayside was recalled to Canada to fill the appointment, 14-8-17. On return to Canada she was promoted to Matron-in-Chief, serving at Militia Headquarters until 22-6-20. Matron-in-Chief Rayside ad-



ministered her onerous duties with marked zeal and enthusiasm; unsparing and unselfish to the highest degree, the successful co-ordination of the Home and Overseas Nursing Service is due. The President and Faculty of the University of Toronto, being fully cognizant of Matron-in-Chief Rayside's ability, and wishing to show their appreciation, both of this and also of the work done by the Nursing Service in general in the war, bestowed upon her the honorary degree of Mistress of Household Science at a special Military Convocation on November 11th, 1919, this degree being specially created for this occasion. Upon demobilization, 22-6-20, Matron-in-Chief Rayside attended the Summer School of Nursing, Columbia University, New York City. She at present occupies the responsible post of Instructress at the Montreal General Hospital Training School. A woman of such high moral principle cannot fail to inspire the disciples of Florence Nightingale.

Slide 237. Matron Ethel Blanche Ridley, C.B., M.R.R.C. Born at Belleville, Ontario. Trained at New York City Hospital. Volunteered immediately upon the outbreak of the Great War. By virtue of long experience as Superintendent of Nurse Training Schools in the United States and the Philippines, was selected as Matron for No. 2 Canadian General. Mobilized at Quebec, and proceeded overseas with the First Contingent. Early in November, 1914, went to France as Matron of No. 2 Canadian Stationary, the first Canadian hospital on French soil. This unit was established at the famous Golf Club Hotel, Le Toquet. In January, 1918, Matron Ridley was selected to be Principal Matron, Canadian Nursing Service for France. Her office was with the British Medical Headquarters, Lines of Communication, Abbeville and Sur Somme. Owing to frequent bombing, these offices were subsequently removed to Boulogne, where, as it happened, they really came more directly in the line of enemy visits. In January, 1916, she was awarded the R.R.C., First Class. In recognition of further efficient and devoted service, she had conferred upon her (January, 1919) the Order of the British Empire. Matron Ridley has the distinction of being the only Canadian who holds the Degree of Commander in this Order. She is entitled to the letters "C.B.E." after her name. Matron Ridley was demobilized in England on 28-7-19, and is at present in Shropshire, engaged in the occupation of Welsh pony farming.

(To be Continued)

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## The Role of the Nurse in a Campaign Against Venereal Disease

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I have been asked to prepare a paper dealing with the subject of venereal disease, with special reference to the question of the teaching necessary to prepare nurses for this branch of nursing. I do not feel entirely qualified to deal with the question as to how this subject shall be taught in training schools, since my experience in nursing affairs has been almost entirely along public health lines. I shall, therefore, limit myself in this paper to, (1) stating the venereal disease problem and the methods being used at present to deal with it; (2) pointing out the part of the nurse in this field; (3) indicating, as I see it, the kind of education necessary to fit her to do this work.

There are no reliable statistics regarding the incidence of venereal disease in any country. This is due to the fact that the stigma attached to these diseases in the public mind makes its difficult and often impracticable for public health authorities to require general notification and registration of gonorrhoea and syphilis.

The first statistics of this kind that might be considered at all reliable were those obtained from the examination of army recruits. A routine examination of the men of a Canadian regiment of army draftees in the spring of 1918 showed a percentage of 5.7 men infected with syphilis (as indicated by a positive Wassermann reaction) after all the obvious cases of syphilis had been excluded. The findings among the American troops were about the same. In 1916 a routine blood test, done on about 1,000 patients admitted (for all causes) to the Toronto General Hospital, showed the incidence of syphilis to be 12.8%. It is estimated that about 8% of our Canadian population has been infected with syphilis and from four to five times as many with gonorrhoea. The rate for the U. S. A. is believed to be about the same. The British Royal Commission estimated that 10% of persons dwelling in cities in the United Kingdom have been infected with syphilis, either congenital or acquired. The percentage of those infected with gonorrhoea being much higher.

These diseases are not confined to persons in any one class of society. The British Royal Commission found them to be more prevalent in the upper and lower classes. This would be true likely of our own country.

Owing to the present lack of knowledge concerning these diseases and their results, many deaths are recorded as due to other causes, which are really due to syphilis and gonorrhoea. Sir William Osler has said, "of the killing diseases, syphilis comes third or fourth." Locomotor ataxia and G.P.I. (general paralysis of the insane), which are now known to be due only to syphilis, take their toll each year. Paralysis in the young and some diseases of the heart and blood vessels are now known definitely to be due to syphilis. Syphilis, also, is responsible for a large number of miscarriages and stillbirths, the spirochaete being actually transmitted to the foetus "in utero." This is the only disease which is capable of transmission from parent to child. Gonorrhoea is responsible for 80% of the blindness in new born babies, is the cause of the largest number of operations on the generative organs in women, and the greatest cause of sterility in both men and women. The economic results of untreated syphilis and gonorrhoea are buried in the records of charitable organizations, alms houses and insane asylums. Enough, however, is already known to state definitely that venereal disease, and especially syphilis, is one of the first causes of dependency.

It is not within the scope of this paper to enter into a discussion of the causes of venereal disease. The causes, however, lie much deeper than the gonococcus or the spirochaete pallida and are intimately bound up with our social and economic life. Prostitution, which is the first and most important factor in the dissemination of the venereal diseases, is also to some extent a product of our civilization. Lack of education



in the young, lack of parental control and religious influences, poverty, bad housing, overwork, lack of recreation, mental deficiency, are all factors in bringing about conditions which lead to infection from venereal disease.

Before the war, in Canada and the U. S. A., the question of the control of syphilis and gonorrhoea had received little general public attention. In Great Britain reports from various social and medical organizations concerning the prevalence of venereal disease and its disastrous effects upon the population of the United Kingdom led the British Government to appoint, in 1913, a Royal Commission to inquire into and report upon this question.

In Canada the prevalence of venereal disease, as revealed through the examination of army recruits, was a startling surprise to our people. The findings of a voluntary committee formed in connection with Military District No. 2 in Toronto and the Committee of Sixteen in Montreal, were such as to convince the Government of the need for investigation, and in 1917 a commission was appointed, with Mr. Justice Hodgins as chairman. As a result of the report of this commission, a number of the Provinces, followed the example of Australia and New Zealand, passed legislation respecting venereal disease. Saskatchewan, 1918; Ontario, 1918; Nova Scotia, 1918; British Columbia, 1919. The same year the National Committee for Combating Venereal Diseases was formed. This was a voluntary organization, recognized and partially supported by the Government, which had as its chief aims:

1. The education of the public regarding these diseases.
2. The giving of assistance to the Government in the campaign against them.

When the war was over and the soldiers were about to return home, there was great fear on the part of some people that their return would result in a wide-spread infection from venereal disease. It was soon found, however, and quite easily proved by statistics, that this was not true and that, because of the means taken to protect the soldiers from the dangers of infection as far as venereal disease was concerned, it was safer for a man to be in the army than in civilian life.

One of the truths brought home to our people during the war and which was not forgotten when the war ended, was this—that venereal disease was a national menace and that it was a national concern to see that persons infected with it received proper and adequate treatment. To have gonorrhoea and syphilis ceased to be the concern of the individual alone. Public opinion demanded that he receive treatment until no longer a source of danger to others. It was this new attitude on the part of the public which made possible the enforcement of the legislation in regard to venereal disease, and also made it possible to secure, in 1919, from the Federal Government, a grant of \$200,000 to carry on a campaign against venereal disease throughout the Dominion.

This sum was divided among the provinces according to population, and granted on condition that the Province furnish an equal amount. The money was to be used to establish free diagnostic and treatment centres, for the treatment of infected persons in penal institutions, education, and propaganda, and in Ontario for the manufacture of arsenical preparations. The Provinces, with the exception of Prince Edward Island, have all now accepted their grants and work with these diseases is being carried on to more or less extent in all of them. In most of the Provinces the treatment centres are established in connection with hospitals, the Government paying a certain sum towards maintenance. In Ontario, which is the only Province concerning which I have complete information, clinics for the treatment of venereal disease have been established in seven cities—Toronto, Hamilton, London, Brantford, Windsor and Owen Sound, in all eleven clinics. From July 1st, 1920, when the first clinic was opened, until April 1st, 1921, 21,984 treatments, in all, were given. In addition to this the Ontario Provincial Government has made a survey of the penal institutions with a view to determining the number of inmates infected with venereal disease and has instituted treatment for those found to be diseased. A good deal of educational work has been carried on, both with the general public, the medical profession and public health authorities, in order to stimulate their interest in this question. The Canadian Government plan for fighting venereal disease is much the same as that of the governments of the U. S. A. and Great Britain, with this difference, perhaps, that Great Britain is less willing to adopt compulsory methods in handling this problem. In addition to the work done by the governments, the Canadian National Committee for Combating Venereal Disease in Great Britain, and the American Social Hygiene Association in the U. S. A., have given valuable aid in this campaign. In Canada, Provincial Branches of the National Council for Combating Venereal Diseases have been formed in all of the Provinces and local branches in most of the larger cities. Their activities are mostly carried on along educational lines, and their greatest value lies in the fact that they are able to undertake special pieces of work which governmental bodies are prohibited from doing.

With the establishment of clinics for the treatment of venereal diseases, there has arisen a demand for nurses to do social service work in connection with them. One of the requirements of the Provincial Board of Health of Ontario for standard venereal disease clinics is that there shall be a full time social service worker who is a nurse. The duties of the nurse in connection with these clinics are outlined as follows:—

1. To be present during clinic hours to assist in the admitting, interviewing and history-taking of new cases, or in fact to do anything which will contribute to the smooth-running and effi-



ciency of the clinic.

2. The keeping of social service records.

3. To visit the patients in their homes to insure regular attendance for treatment and to insure that instructions regarding treatment to be carried out at home and conduct to be observed are faithfully carried out, and to locate and bring in for diagnosis and treatment, where necessary, the contacts of infected individuals.

4. To do the social service work of rehabilitation in connection with patients attending the clinic.

The value of a social service work in connection with clinics of this kind is recognized in this country and in the U. S. A. At the All-American Conference on Venereal Disease, held in Washington, December, 1920, the conference passed the following resolution: "The All-American Conference recognizes the basic principle of medical social service and endorses it as essential to the efficient organization of a venereal disease clinic."

In England the social service worker has not yet been given a place in this work, many of the clinicians still believing that this is purely a medical problem.

In Ontario the value of the nurse social worker, in this connection, is not longer a matter of debate. She has already proven her worth.

The special value of the social service nurse in these clinics would then appear to be, first, to the patient, because of the long, drawn-out and often painful treatment necessary for patients infected with venereal diseases. It is necessary that they be constantly encouraged and stimulated in order to induce them to continue treatment until cured. The nurse is the best person to do this. Second, to the clinic. The presence of the social service nurse in these clinics not only increases the efficiency of the clinic, but broadens its scope and is a factor in elevating the clinic atmosphere. Third, to the community. A nurse working in these clinics has an opportunity to gain an intimate knowledge of the causes underlying and contributing to the whole problem. If she is intelligent and constructive in her ideas, she may in turn interpret and pass on her observations and deductions to those in the community who are engaged in the work of moral and social reform.

This is a new occupational field which will likely absorb a good number of our nurses, largely those engaged in public health work. The problem, however, is bigger than that, and big enough to need the aid of all nurses, no matter in which field of nursing they may find themselves.

Let us state the problem once more:—We have here in Canada this year, it is estimated, about 480,000 persons, drawn from all classes of society, infected with syphilis, and several times that many suffering from gonorrhoea. As a direct result, we have death, suffering and de-

personnel would not be required, the services of four Canadian nurses were placed at the disposal of the Imperial military authorities for duty in South Africa. The offer was gratefully accepted and the first appointment given to *Miss Georgina Fane Pope*, a graduate of Bellevue Hospital, and a member of a distinguished Prince Edward Island family. To accompany her, the Misses S. Forbes, B. Russell and M. Affleck were selected. This party accompanied the first Canadian contingent, embarking November, 1899.

Upon the formation of the second Canadian contingent, four more nurses—Misses Harcomb, Horne, Macdonald and Richardson—were appointed for similar duty and embarked for South Africa early in 1900. Later, followed the Misses F. Cameron, M. H. Smith and A. W. Scott. Although nominally serving under the Matron of Imperial war hospitals, Miss Pope, by virtue of special administrative ability, as well as seniority of appointment, became responsible in all nursing matters directly affecting the Canadian sisters. The honour, zeal and dignity of Canadian women could not have been placed in better hands. To Miss Pope's example and insistence upon the highest nursing ideals, with correctness of demeanour at all times, is due the favourable impression of her valuable services in South Africa. Miss Pope was awarded the Royal Red Cross. After return to Canada, the aforementioned ladies were placed on the reserve list of the active militia. Upon the formation of the Permanent Army Medical Corps Nursing Service in 1906, Miss Pope was at once appointed Nursing Sister, with the relative rank of Lieutenant, and, subsequently, promoted Matron, with the relative rank of Captain. A month or two following, Miss Macdonald's appointment was gazetted. Thus, for the first time in the history of the world, were women granted recognition in the form of army rank. The credit for this step was entirely due to the initiative and farseeing policy of the then Director-of-Medical-Service, Surgeon General Guy Carleton Jones, C.B., C.M.G., etc. Succeeding years have amply justified the lead established by Surgeon-General Jones. Australia followed suit after the outbreak of the great war, and since its close American nurses have been granted full army rank.

When the war broke out in 1914, one of the earliest and keenest volunteers was Matron Pope, but it was not until August 13th, 1917, her services could be spared from the Military Hospital, Halifax. After arrival in England, Matron Pope was attached to Nos. 15 and 16, Canadian General Hospitals, respectively, later taking over the duties of Matron at No. 2 Canadian Stationary Hospital, Outreau, Boulogne. The strenuous work, combined with the strain of frequent air-raids, served to shake Matron Pope's health, necessitating invaliding to Canada on November 26th, 1918. After due convalescence, Matron Pope retired on pension, the Army Nursing Service thereby losing one of its most zealous members.



In the meantime, Nursing Sister Macdonald had, in 1914, been called to Militia Headquarters, promoted to a matronship and instructed to select from thousands of volunteers one hundred nurses suitable for service in the war zone. Miss Macdonald had, in 1911, been in England, making a special study of the organization, mobilization and administration of the various Imperial Army Nursing Services. She accompanied the first hundred odd nurses overseas in September, 1914, and, in November, 1914, was appointed Matron-in-Chief. An office under the Director-General of Medical Services (Canadian) was opened in London; from here, throughout the war, Miss Macdonald administered the C.A.M.C. Nursing Service, her duties including periodical visits to all Canadian Army Hospital Units staffed by C. A. M. C. nurses.

The following casualties occurred in the C.A.M.C. Nursing Service: Died Overseas, 18; killed in enemy action, 4; died of wounds, 2; drowned as result of enemy action at sea, 15. Total, 39. Seven nurses died on home service, making a grand total of 46.

DECORATIONS:—Six hundred and thirty-four decorations or citations were conferred upon the members of the Canadian Nursing Service during the war. They are grouped as follows:—

*British*—Victoria Medal, 4th Class, 1; Commander of the British Empire, 1; Officer of the British Empire, 1; Military Medal, 8; Bar to the Royal Red Cross, 4; Member of the Royal Red Cross, 65; Associate Royal Red Cross, 251; Promoted from 2nd to 1st Class, R.R.C., 17.

*Conferred by French President*: Medaille d'Honneur "En Argent," 1; Medaille des Epidémies "En Vermail," 2; Medaille des Epidémies "En Argent," 31.

*Belgian*: Conferred by H. M. Queen of the Belgians—Medaille de la Reine Elisabeth.

*Mention (British)*: Mention in Despatches, B.E.F., 126; mention in despatches, British Forces in Egypt, 3; mention in despatches, British Salonika Army, 29; mention in "The Times" press communique for valuable services in connection with the war, 91.

In addition to those in the Canadian Nursing Service under the C.A.M.C., 314 Canadian nurses went Overseas (at the request of the War Office) to join the Queen Alexandra Imperial Military Nursing Service Reserve. Of these, 134 subsequently transferred to the C.A.M.C. Also there were, with the Harvard and several other American Units sent over before the entrance of the Americans into the war, a large percentage of Canadians. Many Canadians served, too, under irregular British, French and Belgian units, so that the number of Canadian army nurses had totalled considerably higher than the C.A.M.C. lists. (Statement received from Miss Macdonald).

Slide 234. Matron Georgina Fane Pope, R.R.C. In charge of the Nursing Service in South Africa during the Boer War and served during the World War at Halifax, N.S., and at Nos. 15 and 16 Canadian General and at No. 2 Canadian Stationary Hospital. For biography, see above under "Remarks."

Slide 235. Matron-in-Chief Margaret Clotilde Macdonald, R.R.C., L.L.D. Born in Pictou, N.S.; received nursing education in New York City Hospital, and immediately thereafter accepted a post at Montauk, N.Y., during the Spanish-American war, and was then sent to South Africa with the Second Canadian Contingent. In 1905 was selected by the U. S. Government Department of Health to nurse the Panama Canal Zone. On her return to Canada was appointed to the newly organized nursing service of the Permanent Canadian Army Medical Corps, and served here until the outbreak of the Great War. Studied the organization of the British Nursing Service in 1911 for six months. In August, 1914, was immediately summoned to Ottawa to organize the Nursing Service on a war basis, and rendered valuable service in this connection during the first rush at Valcartier. Sailed at the head of one hundred nurses with the First Canadian Contingent; on arrival at London, became, with them, the guest of St. Thomas Hospital during their stay there. Appointed Matron-in-Chief of the Overseas Nursing Service of the Canadian Expeditionary Force in November, 1914. Took up office at Military Headquarters, London, and remained there as Matron-in-Chief for the duration of the war, being the only person in the C.A.M.C. who retained the same appointment throughout. Under her administration 2,500 Canadian nurses were distributed in hospitals in England, France, Belgium, Greece, Egypt and Russia, during the next five years. In the conduct and discharge of the many duties of her responsible post, Matron-in-Chief Macdonald showed a degree of organizing skill and executive ability, a power of meeting emergencies and a keen judgment of character, combined with qualities of justice and kindness of heart that made her an invaluable element in the personnel of Canadian Headquarters. It was by reason of her exceptional ability as an organizer, coupled with the executive ability she possessed for carrying out plans, as she visioned them for the betterment of the whole, and by dint of her keen determination to overcome every obstacle—and at times there were many—that the Nursing Service was administered so successfully. "Her keen intellect, good judgment and, above all, her straightforward, honest way of looking at things, without prejudice, as well as her broad sympathy, appealed to everyone. Because of these qualities, every nursing sister felt that she had a personal friend at court who would plead her cause, and one whom she could at all times approach with the full assurance that she would receive the necessary help or advice sought." Returned to London in December, 1919, and was retained on the Permanent Force at Ottawa as Matron-in-Chief of the Canadian Nursing Service, to whom was also intrusted the writing of the history of this important branch of the C.A.M.C. during the Great War. In 1915 she received the decoration of the Royal Red Cross, First Class, and in June, 1920, she was awarded, at Geneva, the Florence Nightingale Medal, which is recognized as the highest honour within the nursing profession. In recognition of her distinguished service to her country, the Degree of L.L.D., *Honoris Causa*, was conferred upon her by St. Francois Xavier University, Antigonish, N.S., in June, 1920, as a member of the Nova Scotia Historical Society, and an Honorary Life-Member of the Imperial Order of the Daughters of the Empire.

Slide 236. Matron-in-Chief Edith Catherine Rayside, R.R.C. Born at Martintown, Ontario; received education at Queen's University, Kingston; nurse training at St. Luke's Hospital, Ottawa. Selected for Overseas service January, 1915, and immediately promoted to the appointment of Matron on proceeding overseas, February, 1915. Served as Matron, No. 2 Canadian General Hospital, Le Treport, France, and Moore Barrack's Hospital, Shorncliffe, England. Subsequently attached to office of Director of Medical Services, London, for instructional purposes. Distinguished Service—mentioned in despatches of Commander-in-Chief Field Marshal Lord Haig, January, 1916. Awarded the Royal Red Cross, First Class, January, 1917. When it became imperative that a Matron-in-Chief be in attendance at Militia Headquarters, Ottawa, Matron Rayside was recalled to Canada to fill the appointment, 14-8-17. On return to Canada she was promoted to Matron-in-Chief, serving at Militia Headquarters until 22-6-20. Matron-in-Chief Rayside ad-



ministered her onerous duties with marked zeal and enthusiasm; unsparing and unselfish to the highest degree, the successful co-ordination of the Home and Overseas Nursing Service is due. The President and Faculty of the University of Toronto, being fully cognizant of Matron-in-Chief Rayside's ability, and wishing to show their appreciation, both of this and also of the work done by the Nursing Service in general in the war, bestowed upon her the honorary degree of Mistress of Household Science at a special Military Convocation on November 11th, 1919, this degree being specially created for this occasion. Upon demobilization, 22-6-20, Matron-in-Chief Rayside attended the Summer School of Nursing, Columbia University, New York City. She at present occupies the responsible post of Instructress at the Montreal General Hospital Training School. A woman of such high moral principle cannot fail to inspire the disciples of Florence Nightingale.

Slide 237. Matron Ethel Blanche Ridley, C.B., M.R.R.C. Born at Belleville, Ontario. Trained at New York City Hospital. Volunteered immediately upon the outbreak of the Great War. By virtue of long experience as Superintendent of Nurse Training Schools in the United States and the Phillipines, was selected as Matron for No. 2 Canadian General. Mobilized at Quebec, and proceeded overseas with the First Contingent. Early in November, 1914, went to France as Matron of No. 2 Canadian Stationary, the first Canadian hospital on French soil. This unit was established at the famous Golf Club Hotel, Le Toquet. In January, 1918, Matron Ridley was selected to be Principal Matron, Canadian Nursing Service for France. Her office was with the British Medical Headquarters, Lines of Communication, Abbeville and Sur Somme. Owing to frequent bombing, these offices were subsequently removed to Boulogne, where, as it happened, they really came more directly in the line of enemy visits. In January, 1916, she was awarded the R.R.C., First Class. In recognition of further efficient and devoted service, she had conferred upon her (January, 1919) the Order of the British Empire. Matron Ridley has the distinction of being the only Canadian who holds the Degree of Commander in this Order. She is entitled to the letters "C.B.E." after her name. Matron Ridley was demobilized in England on 28-7-19, and is at present in Shropshire, engaged in the occupation of Welsh pony farming.

(To be Continued)

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## The Role of the Nurse in a Campaign Against Venereal Disease

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I have been asked to prepare a paper dealing with the subject of venereal disease, with special reference to the question of the teaching necessary to prepare nurses for this branch of nursing. I do not feel entirely qualified to deal with the question as to how this subject shall be taught in training schools, since my experience in nursing affairs has been almost entirely along public health lines. I shall, therefore, limit myself in this paper to, (1) stating the venereal disease problem and the methods being used at present to deal with it; (2) pointing out the part of the nurse in this field; (3) indicating, as I see it, the kind of education necessary to fit her to do this work.

There are no reliable statistics regarding the incidence of venereal disease in any country. This is due to the fact that the stigma attached to these diseases in the public mind makes its difficult and often impracticable for public health authorities to require general notification and registration of gonorrhoea and syphilis.

The first statistics of this kind that might be considered at all reliable were those obtained from the examination of army recruits. A routine examination of the men of a Canadian regiment of army draftees in the spring of 1918 showed a percentage of 5.7 men infected with syphilis (as indicated by a positive Wassermann reaction) after all the obvious cases of syphilis had been excluded. The findings among the American troops were about the same. In 1916 a routine blood test, done on about 1,000 patients admitted (for all causes) to the Toronto General Hospital, showed the incidence of syphilis to be 12.8%. It is estimated that about 8% of our Canadian population has been infected with syphilis and from four to five times as many with gonorrhoea. The rate for the U. S. A. is believed to be about the same. The British Royal Commission estimated that 10% of persons dwelling in cities in the United Kingdom have been infected with syphilis, either congenital or acquired. The percentage of those infected with gonorrhoea being much higher.

These diseases are not confined to persons in any one class of society. The British Royal Commission found them to be more prevalent in the upper and lower classes. This would be true likely of our own country.

Owing to the present lack of knowledge concerning these diseases and their results, many deaths are recorded as due to other causes, which are really due to syphilis and gonorrhoea. Sir William Osler has said, "of the killing diseases, syphilis comes third or fourth." Locomotor ataxia and G.P.I. (general paralysis of the insane), which are now known to be due only to syphilis, take their toll each year. Paralysis in the young and some diseases of the heart and blood vessels are now known definitely to be due to syphilis. Syphilis, also, is responsible for a large number of miscarriages and stillbirths, the spirochaete being actually transmitted to the foetus "in utero." This is the only disease which is capable of transmission from parent to child. Gonorrhoea is responsible for 80% of the blindness in new born babies, is the cause of the largest number of operations on the generative organs in women, and the greatest cause of sterility in both men and women. The economic results of untreated syphilis and gonorrhoea are buried in the records of charitable organizations, alms houses and insane asylums. Enough, however, is already known to state definitely that venereal disease, and especially syphilis, is one of the first causes of dependency.

It is not within the scope of this paper to enter into a discussion of the causes of venereal disease. The causes, however, lie much deeper than the gonococcus or the spirochaete pallida and are intimately bound up with our social and economic life. Prostitution, which is the first and most important factor in the dissemination of the venereal diseases, is also to some extent a product of our civilization. Lack of education



in the young, lack of parental control and religious influences, poverty, bad housing, overwork, lack of recreation, mental deficiency, are all factors in bringing about conditions which lead to infection from venereal disease.

Before the war, in Canada and the U. S. A., the question of the control of syphilis and gonorrhoea had received little general public attention. In Great Britain reports from various social and medical organizations concerning the prevalence of venereal disease and its disastrous effects upon the population of the United Kingdom led the British Government to appoint, in 1913, a Royal Commission to inquire into and report upon this question.

In Canada the prevalence of venereal disease, as revealed through the examination of army recruits, was a startling surprise to our people. The findings of a voluntary committee formed in connection with Military District No. 2 in Toronto and the Committee of Sixteen in Montreal, were such as to convince the Government of the need for investigation, and in 1917 a commission was appointed, with Mr. Justice Hodgins as chairman. As a result of the report of this commission, a number of the Provinces, followed the example of Australia and New Zealand, passed legislation respecting venereal disease. Saskatchewan, 1918; Ontario, 1918; Nova Scotia, 1918; British Columbia, 1919. The same year the National Committee for Combating Venereal Diseases was formed. This was a voluntary organization, recognized and partially supported by the Government, which had as its chief aims:

1. The education of the public regarding these diseases.
2. The giving of assistance to the Government in the campaign against them.

When the war was over and the soldiers were about to return home, there was great fear on the part of some people that their return would result in a wide-spread infection from venereal disease. It was soon found, however, and quite easily proved by statistics, that this was not true and that, because of the means taken to protect the soldiers from the dangers of infection as far as venereal disease was concerned, it was safer for a man to be in the army than in civilian life.

One of the truths brought home to our people during the war and which was not forgotten when the war ended, was this—that venereal disease was a national menace and that it was a national concern to see that persons infected with it received proper and adequate treatment. To have gonorrhoea and syphilis ceased to be the concern of the individual alone. Public opinion demanded that he receive treatment until no longer a source of danger to others. It was this new attitude on the part of the public which made possible the enforcement of the legislation in regard to venereal disease, and also made it possible to secure, in 1919, from the Federal Government, a grant of \$200,000 to carry on a campaign against venereal disease throughout the Dominion.

This sum was divided among the provinces according to population, and granted on condition that the Province furnish an equal amount. The money was to be used to establish free diagnostic and treatment centres, for the treatment of infected persons in penal institutions, education, and propaganda, and in Ontario for the manufacture of arsenical preparations. The Provinces, with the exception of Prince Edward Island, have all now accepted their grants and work with these diseases is being carried on to more or less extent in all of them. In most of the Provinces the treatment centres are established in connection with hospitals, the Government paying a certain sum towards maintenance. In Ontario, which is the only Province concerning which I have complete information, clinics for the treatment of venereal disease have been established in seven cities—Toronto, Hamilton, London, Brantford, Windsor and Owen Sound, in all eleven clinics. From July 1st, 1920, when the first clinic was opened, until April 1st, 1921, 21,984 treatments, in all, were given. In addition to this the Ontario Provincial Government has made a survey of the penal institutions with a view to determining the number of inmates infected with venereal disease and has instituted treatment for those found to be diseased. A good deal of educational work has been carried on, both with the general public, the medical profession and public health authorities, in order to stimulate their interest in this question. The Canadian Government plan for fighting venereal disease is much the same as that of the governments of the U. S. A. and Great Britain, with this difference, perhaps, that Great Britain is less willing to adopt compulsory methods in handling this problem. In addition to the work done by the governments, the Canadian National Committee for Combating Venereal Disease in Great Britain, and the American Social Hygiene Association in the U. S. A., have given valuable aid in this campaign. In Canada, Provincial Branches of the National Council for Combating Venereal Diseases have been formed in all of the Provinces and local branches in most of the larger cities. Their activities are mostly carried on along educational lines, and their greatest value lies in the fact that they are able to undertake special pieces of work which governmental bodies are prohibited from doing.

With the establishment of clinics for the treatment of venereal diseases, there has arisen a demand for nurses to do social service work in connection with them. One of the requirements of the Provincial Board of Health of Ontario for standard venereal disease clinics is that there shall be a full time social service worker who is a nurse. The duties of the nurse in connection with these clinics are outlined as follows:—

1. To be present during clinic hours to assist in the admitting, interviewing and history-taking of new cases, or in fact to do anything which will contribute to the smooth-running and effi-



ciency of the clinic.

2. The keeping of social service records.

3. To visit the patients in their homes to insure regular attendance for treatment and to insure that instructions regarding treatment to be carried out at home and conduct to be observed are faithfully carried out, and to locate and bring in for diagnosis and treatment, where necessary, the contacts of infected individuals.

4. To do the social service work of rehabilitation in connection with patients attending the clinic.

The value of a social service work in connection with clinics of this kind is recognized in this country and in the U. S. A. At the All-American Conference on Venereal Disease, held in Washington, December, 1920, the conference passed the following resolution: "The All-American Conference recognizes the basic principle of medical social service and endorses it as essential to the efficient organization of a venereal disease clinic."

In England the social service worker has not yet been given a place in this work, many of the clinicians still believing that this is purely a medical problem.

In Ontario the value of the nurse social worker, in this connection, is not longer a matter of debate. She has already proven her worth.

The special value of the social service nurse in these clinics would then appear to be, first, to the patient, because of the long, drawn-out and often painful treatment necessary for patients infected with venereal diseases. It is necessary that they be constantly encouraged and stimulated in order to induce them to continue treatment until cured. The nurse is the best person to do this. Second, to the clinic. The presence of the social service nurse in these clinics not only increases the efficiency of the clinic, but broadens its scope and is a factor in elevating the clinic atmosphere. Third, to the community. A nurse working in these clinics has an opportunity to gain an intimate knowledge of the causes underlying and contributing to the whole problem. If she is intelligent and constructive in her ideas, she may in turn interpret and pass on her observations and deductions to those in the community who are engaged in the work of moral and social reform.

This is a new occupational field which will likely absorb a good number of our nurses, largely those engaged in public health work. The problem, however, is bigger than that, and big enough to need the aid of all nurses, no matter in which field of nursing they may find themselves.

Let us state the problem once more:—We have here in Canada this year, it is estimated, about 480,000 persons, drawn from all classes of society, infected with syphilis, and several times that many suffering from gonorrhoea. As a direct result, we have death, suffering and de-

pendency, and, what is more important, a direct menace to the race itself. Many cases of this disease are as yet undiagnosed and untreated. One of the first needs, then, would seem to be education—education of the public in regard to the nature of these diseases and their disastrous effects, both upon the present and future citizens of our country.

The nurse should have her part in this campaign of education. If she is to educate, she must herself be informed. In the past this subject has received little attention in our training schools and hardly more in our medical schools. This has been true in the training schools, at least, partly because there was no special need felt for this kind of instruction, and partly perhaps because superintendents and nurses were willing to avoid a disagreeable subject. That day is, however, past. With the new knowledge concerning these diseases and their importance to our national health, when our public moneys are being spent in the control of them, nurses can no longer remain ignorant or indifferent toward this matter, but must be trained and prepared to take their part in this campaign against it.

The first point about which nurses should have very definite and complete knowledge is the medical side of the question. There is a great deal of ignorance concerning the nature of these diseases and their method of transmission, possibility of cure, etc., and a nurse should be very clear herself upon these points, if she is going to explain them to others. A nurse who will approach this problem sympathetically and handle it with understanding and efficiency, must also have some knowledge of the social, economic and psychological factors in the venereal disease question. In order to deal with this problem intelligently and efficiently, she must also be thoroughly informed as to the resources available in her community, both official and volunteer, for carrying on this campaign.

The Committee on Nurse Education of the Ontario Council for Combating Venereal Disease, of which Miss Gunn is convener, has recently prepared a pamphlet containing a course of instruction on venereal disease for nurses, which, it is suggested, might be used as a guide in teaching this subject in training schools. The course includes six lectures, four on the medical aspect of the subject, and two on the social, economic and legislative aspects.

In teaching this subject in training schools, I believe it would be advisable, where possible, to employ a woman physician. There is still a certain amount of reticence and shyness on the part of nurses toward this subject, and with a woman physician they would be more likely to ask questions.

In conclusion, I wish to make an appeal to you as a body of nurses for your understanding, sympathy, and co-operation in working out this most difficult and important problem. It is a problem which



necessarily means the discovering and dealing with many of the sordid and ugly facts in life, but it is one, also, in which is involved a great deal of human suffering, and as such I do not believe nurses can withhold their support, if they would be true to their calling.

FRANCES E. BROWN,

Supervisor of Venereal Disease Nursing, Department of  
Public Health, City Hall, Toronto.

Read at Convention, Quebec, 1921.

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## Examinations for Hospital and Visiting Nurses in Belgium

(By Cecile Mechelynck, Directrice Generale de l'Association des Infirmières de Belgique. Translated by the League of Red Cross Societies.)

All those interested in the question of nursing in Belgium hailed with acclamation the Royal Decree of September 3rd, 1921, which regulates the training of hospital and visiting nurses. Two state nursing examinations had been in force for some time but were not satisfactory, and in many of the better schools they were not taken.

The first of these examinations, for which a certificate was awarded required merely theoretical knowledge, and the second, for which a diploma was given, was held after two years' practical work. As, however, nurses were permitted to practice after the first examination, confusion resulted, the public being unable to differentiate between the two grades of nurses.

The Royal Decree regulates the course of study required for both hospital and visiting nurses, as follows:

No pupil is accepted for examination unless she has, as resident nurse in a nurses' training school, followed the theoretical instruction and demonstrations to be given, with the exception of classes in domestic economy, pedagogy and sociology, by doctors of medicine.

Three years of study are obligatory for all pupils. Two years of the course are identical for both hospital and visiting nurses, general nursing training being given for that period, but the third year the student specializes in the branch selected, either hospital or visiting nursing.

After the first probation year, *hospital nurses* must have at least two years' study in medical and surgical clinical work, contagious and special diseases, whilst *visiting nurses*, after the first year, must take:

(1) One year medical and surgical clinical work, contagious and special diseases.

(2) Four months' children's medical and surgical clinical work, maternity, infant welfare clinic, creche and maternal dispensary work, and work in debilitated children's colonies.

(3) Two months' tuberculosis work in clinics, dispensaries and sanatoria.

(4) One month's work in clinic for skin and venereal diseases.

(5) One month's medical school work.

(6) One month's medical and surgical out-patient work.

At the end of the third year the nurse can present herself for examination before the provincial medical commission, which is under State control.

After passing the examination she will receive, besides her diploma, a badge and identity book. The transitory period, before the law comes into complete force, extends until October 1st, 1921; the first examination is dispensed with, and no new student will be permitted to terminate her studies without being registered at a recognized training school. Those who have already commenced their studies will be permitted to continue them where started. From now onwards all prospective nurses will have to take a three years' course in a training school approved by the provincial medical commission. It is hoped shortly to have state registration of trained nurses with penalties for illegal practice similar to those pertaining to doctors and midwives.



#### A WORD FOR THE WEEK.

"May we hope that when we are dead and gone, leaders will arise who have personally experienced in the hard, practical work the difficulties and the joys of organizing nursing reforms, and who will lead far beyond anything we have done."—*Florence Nightingale*.



'Tis not far to Jesus  
No, 'tis very near  
He is all around us  
He is with us here.  
If we want to love Him  
Let us go and pray;  
Then our hearts can find Him,  
Now, this very day.



## Editorial

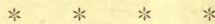


It was with regret that several months ago the Editor of this magazine was obliged to omit printing chapters on Nursing History as written by Dr. Maude Abbott. Owing to unavoidable circumstances, the author was unable then to finish the work. Now we are glad to report that the remainder of the copy is in the hands of the printers, and in this issue we again take up this interesting contribution. Through this and the following chapters we can see the army nurses and the work of nurses generally through that terrible time of war, and this book will preserve to us the history of the part Canadian women played in that great conflict. With much work and time spent on it, Dr. Abbott has also written up the nursing of the British army sisters, the American army nurses, and other interesting chapters, bringing the book up-to-date in every particular.

Superintendents may wish to know that they can get the slides or an assortment of them for use in their class-rooms from Dr. Maude Abbott, Museum, McGill University, Montreal, or obtain the book for use in teaching the history of nursing.



The dates of the American Nurses' Association are June 26th--July 1st, 1922, in Seattle, Wash. As our own national associations meet in Edmonton this summer, it would seem as if the eastern nurses would have a splendid opportunity of spending their holidays on the Pacific Coast, where the nights are always cool and the days not too hot, and take in all of these meetings. The dates of our conventions will be announced soon, when plans may be made for attendance.



The following from the American Journal of Nursing is inserted in the hope that our subscribers may "read, mark, learn, and inwardly digest." Misery, loving company, the editor felt relieved that this little matter of "Wanderers" that make the difficulties of the office so much more trying, was not alone her's, but was shared by the organ of the A.N.A. as well. Please take the advice given so kindly by our sister journal and help yourselves by helping us to keep in touch with your migrations:—

### WANDERERS AND—CARELESS WANDERERS

"During December 352 subscribers notified the Journal of changed addresses. During the same month about 100 "stock" cards came back from the Post Office giving changes of address or frequently stating that the Journal was undeliverable. Sixty Journals were returned marked "Not at —," "Unclaimed," or "Moved—Left no address."

Some of the subscribers for whom these Journals were intended are doubtless indifferent to the date on which the magazine arrives, but we know, from experience, that others will be disappointed because the Journal failed to arrive on time. Occasionally a subscriber fails to receive her copy for several months before notifying us and then, when her letter does come, it is prone to have quite an "edge" to it. A few of these failures to carry through are unexplainable, sometimes (we confess it!) the fault is ours, but usually we have on record a communication similar to one of those enumerated above.

Sixty Journals returned means sixty copies wasted, because, having been handled an unusual number of times, they have an appearance similar to that cartoonists are just now so fond of giving to their interpretations of the condition of this war-torn and "peace-torn" old world! The cost of sixty or more Journals even with cost of postage going and returning, seems a small item when compared with the thousands of Journals sent out each month. It is a small item, but our economies are practised in your interest and as the thrifty Scotch know so well, "Many a mickle makes a muckle." In this instance the saving in the course of a year would pay for some illustrations, and every Journal reader, we are sure, is looking forward to the time when we can use such material.

The disappointment of nurses who fail to receive their copies on time is a matter of real concern to all in the Journal office. It is our very great pleasure to serve you. Addresses must and will be changed, but we believe we could give better service if necessary information were sent in more promptly. This information should in every instance, include the old address as well as the new. Failure to do this causes much unnecessary work. It also causes some amusing but exasperating mistakes such as arise when there are a number of subscribers of the same name. The writer speaks feelingly on this point, as she has five professional sisters, some of whose names differ from hers only in the middle initial."

\* \* \* \*

Owing to private reasons which rendered it impossible to send the copy for the two departments, "News from the Medical World" and "The World's Pulse," Miss Scovil's contributions, which are so much appreciated, will be missing from this and possibly the following issue of the magazine. The Editor again wishes to thank Miss Scovil for her helpfulness in sending the material for us and for the promptness with which it arrives each month.

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The Canadian Red Cross Society Magazine is the latest of the new Canadian magazines to make its appearance. As it is to be sent to all members of the Red Cross, the circulation is guaranteed. We wish all sorts of success to the new venture.



# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Quebec

Miss Sarah Fraser,  
110 Crescent Street,  
Montreal.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

### Manitoba

Miss Elizabeth Jeffers,  
Suite 11A, Justin Apts.,  
Fleet and Doley Streets,  
Winnipeg, Man.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

The following table has been compiled by a committee of the Public Health Section of the Canadian National Association of Trained Nurses from reports submitted by the members of the provincial associations. The figures are approximate, only, but it is hoped that a corrected statement will be possible in time for the annual convention in Edmonton. The population figures also are estimated, as the final returns from the Dominion census are not available.

Nurses who assist the provincial representatives in the survey which they are now undertaking should remember to include nurse superintendents or directors of public health organizations in the totals submitted, and should keep in mind the broad interpretation of "public health nursing" which has been adopted by the Canadian National Association of Trained Nurses. According to that interpretation, a nurse is engaged in public health work if her primary purpose is to teach families to do the healthy thing—whether her approach to the home has been through bedside nursing, the giving of material relief, or a follow-up visit to a school child, or factory employee.

The title "public health nurse" is used in a more restricted sense in many communities, being limited frequently to those nurses identified

with departments of public health. The Canadian National Association of Trained Nurses uses the term in a professional sense, emphasizing the essential unity of the various groups rather than the obvious differences.

M. MACKAY,  
Secretary, Public Health Section, C.N.A.T.N.

Provinces, with estimated Population	Depts. of Public Health	Depts. of Education	Dept. of Soldiers' Civil Re-es- tablishment	Victorian Order of Nurses	Other Private Agencies	TOTALS
Prince Edward Island .. .. 88,536	—	—	—	—	2	2
Nova Scotia .. 524,579	14	8	3	24	14	63
New Brunswick .. 388,092	2	1	2	10	11	26
Quebec .. .. 2,349,067	44	—	3	55	58	160
Ontario .. .. 2,929,054	168	99	23	99	75	464
Manitoba .. .. 613,008	70	14	4	21	20	129
Saskatchewan .. 745,010	21	18	3	5	10	57
Alberta .. .. 581,995	21	—	2	9	5	37
British Columbia .. 490,600	4	17	2	19	17	59
Yukon .. .. 4,162	—	—	—	—	—	—
Total .. 8,714,103	344	157	42	242	212	997

Prince Edward Island Division of the Canadian Red Cross engaged the services in January, 1921, of Miss A. E. MacMahon, as a public health nurse. She has had as her assistant for part of the time Misses W. G. MacLeod and Mary Hazard. During exhibition week a child welfare and public health booth was held under the supervision of these nurses, with the help of medical men and dentists. At the Red Cross Centre, in Charlottetown, a clinic for mothers and babies has been held one each week, and are well attended. All the schools in Charlottetown but one have been visited by the nurses, and, with this exception, inspections have been carried on in altogether nineteen schools in and outside the city, with the help and co-operation of the medical men; 2,054 children have been examined and 4,455 defects found. The office in the Market Building, Charlottetown, has been provided at the expense of the Provincial Government.



## How to Reach Indifferent Mothers

CLAIRE CAMPEAU, R.N.

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We, as school nurses, are aware of the difficulty often experienced in reaching the mothers of our school pupils. Our visits frequently find them so busy with household duties that we feel ourselves encroachers upon their time. Often, indeed, we find them away and our visit fruitless. In view of this condition the following example may prove valuable as illustrating one way in which the necessary point of contact may be obtained.

One of our large department stores in Windsor conducted "Baby Week" recently, and I was asked to take charge of it. I accepted, subject to permission from the school board, which was granted, as the members favoured any educational plan for the good of the community.

The programme for the week was weighing babies and registering their birth. This lasted from 10 a.m. to 5 p.m., while at three o'clock each afternoon there was a different doctor—six of the most prominent physicians having volunteered their service to lecture to the mothers on pre-natal care, proper nourishment for the baby, and general welfare. The doctors gave splendid, practical addresses, and all seemed very glad to have a chance like this to talk to the gatherings of interested mothers who attended "Baby Week."

It was my good fortune to have on hand a number of educational health posters, which were prominently displayed for the benefit of the public. Before the week was over, I had gathered up a souvenir collection of discarded "comforts or pacifiers," which were roundly condemned by the physicians at the daily lectures.

We explained to each mother why the use of these "comforts" was objectionable. Most of the mothers said they resorted to the pacifiers to "keep baby quiet," and told "it was a case of anything so I can get through with my work."

Our explanations and our advice to discard the comforts were usually accepted, as about nine out of ten women left the "all-day suckers" in a special box I had provided for that purpose—and those who did not do so at the time generally returned after the doctor's lecture, saying "never again."

There occurred one rather remarkable conversation during the week. I had previously sent many notices to her home concerning her little daughter's enlarged tonsils and decayed teeth, but she paid little or no attention until this particular "Baby Week." She came to me and said, "I want to see you—what day will you be at our school?" I told her on Monday, and sure enough she was there. Immediately she

consulted a physician, who found the child's tonsils in a diseased condition, so she made arrangements to have them removed on the following Wednesday. It is scarcely likely that in any other way I could have made her decide to call at the school or see a doctor. As for finding her at home, I had called at her house no fewer than ten times during the past year, but never could find her in. Her child is spending this year in the same class, although the teacher and myself found her to be a bright pupil, only she was unable to attend school regularly, and when at school could not learn as she should.

I can count no less than one hundred mothers whom I interviewed during "Baby Week" on whom I had called in their homes without success, and I feel that we have accomplished good in other ways, as many mothers wanted to know where they could find the baby clinic conducted by the Board of Health each week. There we sent one hundred mothers who will reap the benefit of instruction and education in child welfare. We also distributed free copies of baby books supplied by the Provincial Board of Health, and gave helpful suggestions in an individual way.

We owe many thanks to the department store for giving us the space, putting on this event, offering prizes, arranging with physicians to give free lectures, and creating such wide-spread interest. Such work will surely prove of benefit to the community.

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Miss Alice Fitzgerald has just notified the executive officer of the Massachusetts-Halifax Health Commission that she is coming to study health centre work in Halifax, and the School of Public Health Nursing at Dalhousie University, preliminary to sailing for the Phillipine Islands, where she will establish a large school of public health nursing and organize nursing on a hitherto unsurpassed scale, under the general direction of Victor G. Heiser, of the Rockefeller Foundation.

Miss Fitzgerald is one of the world's widest known nurses, having served in executive capacity in many places. She is perhaps best known as Edith Cavell Memorial Nurse during the recent Great War; as the organizer of the course in public health nursing, Kings College, London; and as director of nursing for the League of Red Cross Societies, with headquarters in Geneva. Miss Fitzgerald will arrive in Halifax on February 9th. Letters have gone to her, asking that she give a public address, telling local citizens something of her experience in her various unique and unusual positions during the last few years.

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The public health nurses of the Manitoba Provincial Board of Health met in Winnipeg from December 12th to December 23rd, for their annual course of lectures, conferences and clinics.



Under the auspices of the University of Manitoba the following lectures were provided:

10:30 a.m. to 11:30 a.m., Monday to Friday each week—Ten studies in Educational Psychology, conducted by W. A. McIntyre, B.A., L.L.D., Principal Provincial Normal School; C. K. Newcombe, A., Principal Winnipeg Collegiate Institute, and Professor R. C. Lodge, Department of Philosophy, University of Manitoba.

11:30 a.m. to 12:30 p.m., Monday to Friday each week—Night Lectures on Social Psychology, given by Professor W. C. Smith, B.A., Ph. D., of Wesley College, and two lectures on Family Case work, by Mr. C. B. Clarke, of the Social Welfare Commission.

2 p.m. to 4 p.m., Monday to Friday each week—Ten Classes in Voice Production, Public Speaking and Oral Interpretation, conducted by Miss Edna Sutherland, of the faculty of Manitoba College.

Lectures relating to practical public health work were also given. These included "Newest Methods in Infant Feeding," "Pediatrics," "Tuberculosis," "Epidemics and their Source."

Several round-table discussions were held on problems and difficulties arising in rural and town communities in connection with public health work.

By means of this convention, the nurses, the majority of whom are stationed in the rural parts of the province, are able to meet and discuss the many problems which arise during the year. At the end, everyone goes back to work with a clearer vision of the work to be done, and of the best way in which it may be accomplished.

During the session a reception was given for the rural nurses, by the nurses of the staff stationed in suburban districts of Winnipeg, and just before the completion of the course a dinner was given with Miss Russell and Miss Wells as the guests of the evening, when the opportunity was taken of expressing the very deep appreciation felt by all the nurses towards those in charge of the nursing department.

A tribute was also paid to the group of public service nurses. These nurses are filling a very definite and long-felt want for nursing service in isolated, and in most cases, unorganized territory, where there is little or no other medical aid available.

The evening closed with "Auld Lang Syne."

We all returned to our respective districts, feeling that it would undoubtedly be a Happy New Year for all.

E. J. WILSON,  
Public Health Representative for the M.A.G.N.

## Department of Nursing Education

Conducted by the Canadian Association of Nursing Education



Survey of Dietetic Courses and Diet Kitchen Routine for Nurses as given in some of the larger hospitals, with suggested outlined plan for the smaller hospitals.

As a brief introductory, a few words may be said of the subject of "Dietetics as a Scientific Study":

The Science of Dietetics is very little understood, although it is one of the most comprehensive studies of all ages, as it is the regulation and knowledge of the proper nutritive elements of food to build the ever-wasting atoms of the body. It means a knowledge of herbs and fruits and balms and spices, all that is healing and sweet in the fields and woods; and savory in meats. It means carefulness, inventiveness, willingness, and the readiness of appliances. It means testing and no wasting; it means the economy of our grandmothers and the science of the modern chemists; it means English thoroughness and French art.

Dietetics as a study and an art is becoming more world-wide daily, as physicians, nurses, and the general public, are beginning to realize its great importance in connection with the care of the masses in sickness and in health. In illness, when the cause has been removed, it is a "cure for disease," and in health "an ounce of prevention." Improper nourishment leads to stunted physical, mental and moral development, and many mental cases can be traced directly to improper food, or to starvation from lack of certain food stuffs; almost all intestinal disorder comes from improper food.

To say that Dietetics is but little understood, one has but to hear remarks as, "Dietetics, oh, yes, some new fangled thing; it will soon die out." Whereas, in reality, it is as old as the universe, for it is the route by which man has lived, moved and had his being since the world began. A Dietetic graduate of one of our colleges had left her village home to take the Pupil Dietitians' Course in one of the city hospitals, and a well-meaning old lady of the village, when in the city later, called at the hospital, asking for her by her Christian name, was surprised that the head nurse on the floor did not know her and said, "Why, she is one of the new cooks here."

Because Dietetics is so important and so little understood is one of the great reasons that dietitians should organize and thus enlarge their field of labor and influence, and it is the desire of all interested that the time will soon come when more prominence will be given to the subject, which is the oldest, most important, most neglected and least



understood of any that have a direct bearing upon the welfare of mankind.

In an effort to make a survey of the Dietetic courses as used in the various hospitals throughout Canada and prepare a curriculum that would be practicable to adopt for use in the medium or smaller hospitals, circular letters were sent out to twenty-three of the representative hospitals in the Dominion, asking for an outline of the course of study in Dietetics, both in theory and practical work.

As a result, eleven letters were received; two of these were from smaller hospitals, stating that they did not have dietitians, and that their nurses took the Dietetic Course at the technical schools in those localities. Then four letters, from what might be termed the medium hospitals, where the dietitian gave a short course of theory as based on the work outlined in "Pattee," and a two months' practical training in the diet kitchen, where they receive a practical knowledge of the fundamentals of food preparation and serving. In all but one case there is a resident dietitian, with constant supervision of all general diets, but little time given to "the special diet in disease." In one case the pupil nurses prepared and cooked all foods under the supervision of the dietitian, and thus put their theory into practical use. The remaining five letters were fully detailed accounts of the theory and practical work of the larger hospitals.

Making a study of all of these, and of our own course, would suggest the following as a practical course, that could quite easily be adopted by any of our hospitals, and would mean standardizing a very important branch of a work in which we, as Canadians, should one day excel.

The text book in almost universal use is "Pattee's Practical Dietetics," and, with the aid of "Conns' Bacteria, Yeasts and Molds," and "Snyder's Human Foods," the following has been compiled:

Take a period of from two to three hours, with at least one half of the time set apart for theory, and after an introduction comprising the principles of nutrition, processes concerned in growth, maintenance and repair, the principles of chemistry of foods, digestion, absorption, metabolism, then notes are given, and well demonstrated and explained, and at least eight recipes given for each lesson; the remaining time for the pupil to put into practise the knowledge, if any, acquired. Divide the lectures into twenty lessons as suggested in the following headings:

1. Foods.—Classification of food stuffs, composition and examples of protein, carbohydrate, fats, water, mineral salts, amount of, and use in the system. Nutritive value, function, preparation, digestibility. Origin of organic food substances, and the manufacture in plants, also their use, including acids, vitamins, and condiments. Action of ferments on food. Sources and function of enzymes.
2. Beverages.—Uses, classes of beverages, nutritious, stimulating, refreshing—tea, coffee, cocoa, where found and process of manufacture, good and injurious qualities. Recipes.

3. Cereals and Gruels.—Composition of, value in the diet, nutritive value, cleaning, cooking. Recipes.
4. Milk.—Composition, protein (casein, lactalbumen), carbohydrate (lactose or milk sugar), fat, water, mineral matter, acid, care of milk; value in diet as compared with other foods, nutritive value; pasteurizing, sterilizing, characteristics of milk. Uses in the diet.
5. Eggs.—Albuminous in nature, structure, food value, digestibility, nutritive value, value in general and invalid diet; care of eggs. Uses in the kitchen, tests for fresh eggs. Recipes. Attractive method of serving to appeal to invalids.
6. Milk and Eggs, and Cornstarch Puddings.—Starch a carbohydrate, composition, nutritive value, description of starch granules; sources of starch in vegetable and animal kingdom. Effects of heat on starch. General rules in cooking starch. Recipes. Method of combining milk and eggs to vary fluid and light diets. Value in diet and recipes of custards, junkets, etc.
7. Vegetables and Soups.—Classification of vegetables and composition, as legumes, chief source of protein in the vegetable diet; roots and tubers, carbohydrate; green vegetables, small per cent of carbohydrate, valuable in diabetes, and for extractives, mineral salts, vitamines, nutritive value, digestibility, general rules in cooking. Recipes. Soups—classes (meat or broth and vegetable or cream), and standard white sauce (its innumerable uses in the diet).
8. Cheese.—How manufactured and the value of rennet and bacteria; composition, nutritive value. Rules for keeping cheese. Recipes.
9. Fruits.—Species, value in diet, composition (water, carbohydrate), as (sucrose, dextrose, levulose, pectin), starch, e.g., banana. Digestibility, uses as beverages; characteristic organic acids and ethereal bodies. Medicinal value, e.g., oranges, valuable in constipation; apples exert an excellent influence on liver and kidneys, and are valuable in acidity of the stomach. Bromelin in pineapple, an active digestive principle, similar to pepsin. Figs and prunes, excellent laxatives. Care of fruit and precaution in use. Then recipes for attractively serving them.
10. Meats.—Composition, great value as source of protein, albumen, haemoglobin, elastin and myosin) and its building and repairing qualities. Mineral salts and fats. Digestibility; objective points in cooking; tests for kinds of meat and freshness; care of meat.
11. Chicken and Fowl.—Value in diet of protein and extractives, value of jellies and broths for fluid patients; digestive qualities of white meat: the ease of digestion makes it most valuable. Tests for selecting and recipes. Demonstrations in cleaning, carving, serving. Using up left-overs and parts not easily served.
12. Fish and Oysters. Classes used in invalids' diet and why; and those only used in general diet and reasons for not using for invalids. Great value as protein food, digestibility, nutritive value. Tests for freshness. Principles in cooking, preparation and serving.
13. Salads.—Value of mineral matter and vitamines and as condiment and the natural appetizer. Place and value in diet. Dressing used with them adds fat and carbohydrate. General rules of preparation, and attractive serving with recipes.
14. Gelatin Dishes.—Composition and nutritive value, and where procured, nitrogenous food classed with proteins under gelatinoids and albumenoids and derived from collagen, the chief constituent of connective tissue, from which it is prepared, as calves' feet. Isinglass, a pure form of gelatin from the bladder of the sturgeon. Peculiarities of gelatin. Ease of digestion. Value as protein, supplying nitrogen to the body and leaving true protein to build tissue. Classes of gelatine dishes, general rules of preparation, recipes.
15. Quick Breads.—How Flour is prepared; sources of yeast, baking powder, cream of tartar and their manufacture. A carbohydrate food. Value in diet as compared with other foods, as milk. Nutritive value. Digestibility. Careful description of the process of bread, drop cakes, muffins and reasons for different steps. Recipes.



16. Cake Mixtures.—Methods of incorporating air. Rule of preparation and reasons for methods employed. Necessity of fresh ingredients. Recipes.
17. Miscellaneous.—Instructions and recipes for the preparation of milk toast; sandwiches; sweet breads, source, nutritive value and care in preparation, digestive and injurious qualities.
18. Ice Creams.—Nutritive quality, value as food and beverage; care in serving—as to sanitary and daintily served dishes, and not to retard digestion of other foods. Great variety of recipes; addition of fruits, nuts, etc., adding additional value.
19. Care in Serving Foods and Diets.—Care of food and dishes, serving hot foods hot, and cold foods cold; cleanliness in preparation and serving attractive trays to patient. Food is the main event of the day and must please the eye to foster the appetite. Diets as general, light, soft, and fluid; what foods used and what avoided, and reasons for their use. Menus for each class of diet. Caloric value of foods, and method of applying caloric standard. Well balanced diets, and daily rations.
20. Diets.—Relation of foods to various conditions. Important factors that especially effect digestion, as regularity in serving; quantity of food required. Diets for Infants; children from 2-4 years. School age child. Diet in old age; Diet in obesity, diabetes, chronic diarrhoea, chronic constipation, nephritic, dyspepsia, post-operative, typhoid.

Then follows a careful review and a written and practical examination.

This work is given in the junior year, and in the intermediate a two months' term in the diet kitchen of practical work. The principle foods, as meats, fowl, meat stock, soups, broths cereals, porridge, cooked and green vegetables, puddings, cakes, custards, and ices, are all prepared by cooks and their assistants in a main hospital kitchen, and sent by closed trucks and lifts to the diet kitchens on each floor, where supplies are kept hot in steam tables or cold in refrigerators. The junior nurse sets the trays, serves the soups, fluids, egg-nogs, etc.; the senior nurse in the kitchen makes cream soups, junkets, albuminous drinks, egg-nogs, etc., and serves the food and carries trays well covered to the patient's bedside, serving them quickly enough to be hot and appetizing for the patient.

The dietitian and pupil dietitian order, check, weigh and examine all food supplies received, keeping account of same and putting them away in proper places. Inspect all foodstuffs for main kitchen, order daily all foods before being sent to diet kitchens; inspect trays and supervise setting and serving of trays, and diet kitchens in general. Write all diets, prepare dainty desserts, jellies, pressed chicken, ice creams, water ices, etc., for the private patients.

The dietitian has charge of the monthly and yearly stock sheets; aggregates the hospital census, the maid's time-book, etc.

The course for pupil dietitian is as follows:

The course of study for a pupil dietitian is of four months' duration and includes practical training, work divided as follows:

1. Locations, observations.
2. Ordering, receiving, storing and giving out of food supplies.
3. General serving of food.
4. Supervision of dining-rooms, linen, cutlery, dishes; inspection of trays,

5. Supervision of serving kitchens, linen, cutlery, dishes; inspection of trays, refrigerators, sinks.
6. Daily Menus.
7. Stock-taking.
8. Book-keeping.
9. Method of employing help.
10. Teaching.

This work may be divided as follows:

First month—First week, locations, observations and general idea of work; second week, responsible for cleaning of store-rooms, bread cupboards and refrigerators; third week, responsible for dining-rooms, this includes instruction of maids, inspection of maids, tables, linen, cutlery, cupboards, and weekly dish count; also weekly supply of dishes to all kitchens.

Second month—Planning menus, with special attention to utilizing leftovers. Instructing cooks as to amounts, recipes, etc.; sending up all meals and extra supplies to floor kitchens; supervision of food trucks each time they are sent out. This work should extend over second month.

Third month—Inspection of trays and supervision of diet kitchens generally. Ordering and receiving all supplies.

Fourth month—Stock-taking and book-keeping for third month.

Teaching Classes to be arranged whenever convenient throughout the entire course

Summing this all up we find even the smaller hospitals could use this advantageously for giving their pupils a thorough working knowledge of this very important branch of a course that is now recognized at the head of a long list for the higher education of women.

ESTELLA KRIBS,

Dietitian, Protestant General Hospital, Ottawa.

Read at C. A. N. E. Convention, 1921.

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The Hospital Association of Philadelphia and the Philadelphia League of Nursing Education appointed a joint committee to make plans for a School for the Teaching of Preliminary Courses in Nursing Education in Philadelphia.

The plans submitted provides for the following: That the School be sponsored by the University of Pennsylvania, financed by the above-named associations; that its object be the teaching in one place, the preliminary course in nursing education, now being taught in fifty separate training schools, in Philadelphia and vicinity; that the curriculum as prepared by the National League of Nursing Education be adopted; that the subjects be taught by qualified instructors, now teaching in the Philadelphia Training Schools for Nurses.

The committee recommends that this plan be put into effect February 1st, 1922, and, if successful, that it be continued for those students entering the Training Schools in September.

It is hoped that all hospitals will accept this opportunity to give the same preliminary course of instruction to their students, understanding, of course, that it is only an experiment.



## Private Duty Nursing Department



The mass meeting of the private duty nurses of Toronto, held on the evening of December 10th, 1921, was a very enthusiastic and largely attended one, several hundreds being present.

Miss Fife, provincial convener of Private Duty Committee, was in the chair, and after a few opening remarks asked Miss Gaskell, convener of the National Private Duty Committee, to speak to the nurses.

Miss Gaskell told of the necessity for and the events which led up to organization; that heretofore the private duty nurses had had no powerful body to whom they could appeal when the necessity arose; that it had been brought home to the nurses that, if they ever hoped to bring about any of the reforms to which they looked forward, united effort was necessary. The provincial organization was of little or no use to them, as they had no representation there as a united body, nor could they make demands as such.

In 1919 a request was sent in to the G.N.A.O. from the Central Registry, Toronto, that the private duty nurses have representation in that body as a standing committee. This request was granted and a convener of a private duty committee appointed. This committee will now be able to report at G.N.A.O. conventions and discuss those things which are of moment to the private duty nurse.

In 1920 the Central Registry sent a representative to the annual convention of the C.N.A. of T.N. It was found that all officers of this body were either superintendents of training schools or those in official positions; not a single private duty nurse anywhere, nor had she any place on the programme. Her interests and problems were not discussed, nor her opinions asked, although she composed over 90% of the organization, and is of course its main financial support.

It was felt that this should not be, and that now was their opportunity to ask for representation in the National Association. This was done and the request approved and granted. A convener of a national committee was appointed to draw up a place for a private duty section in the national body.

A form of by-laws was drawn up and submitted to the provinces. These by-laws were approved and every support promised. These by-laws were also presented at the Quebec convention and approved by the executive.

In October the provincial committee met and drew up a plan of work for the year, which comprises pensions for nurses, insurance, shorter hours of labour, magazine, nurse education, better nursing service. This committee has been hard at work on the various plans

since December.

Miss Gaskell urged that every nurse do her bit to make this section a help to every other nurse and a credit to the whole profession, that, by so doing, there could be no such word as failure. If they ever hoped to bring about the reforms and be able to meet the new problems that are constantly facing them in these days of rapid change, and do their share in meeting them, they must become an organized and united body. State medicine was being widely considered and would no doubt ere long be here, and the private duty nurse, who is the very soul of the profession, would be required by them, and she must not fail to take her place where she belongs—in the very front ranks.

It was hoped that this organization would bring great and good things to all. Already much had been accomplished, and it had only been working two months.

Miss Fife then called for reports from the different committees.

Miss Burnett gave an interesting report of information gathered on pensions for nurses.

Miss Cahill had interviewed many insurance men, and was still gathering information.

Miss Brown told of the inauguration of an hourly nursing service, whereby people of moderate means could engage a nurse by the hour.

Miss Crosby urged the nurses to try and make the private duty section of the magazine the very best in the magazine. That private duty nurses were often unable to attend meetings, but could always speak through the magazine; also histories of interesting cases or new methods of treatment would be welcome material.

Miss Fife thanked the nurses for their enthusiasm and the work when the meeting was brought to a close.



**C. A. M. C. Nursing Service Department.**

**My Christmas Holiday, 1921**

(By NURSING SISTER C. M.)

Let me begin by explaining that I am one of the "returned" on private duty in "lil ole New York," where I trained. A further inheri-



tance from the C.A.M.C. is proving no small asset in these strenuous times, I assure you. To that service I feel deeply obligated. Apart from professional knowledge, I gained there a deeper insight into the peccadilloes of human nature—never again shall I be guilty of rash judgment of people or their motives. In the army I learned that Tommy Atkins may easily be a synonym for nobility of character and that the term "Overseas Sister" invariably spells true and enduring comradeship. Amongst ourselves a war service badge is the only necessary credential; its face value, to say the least, is an honoured introduction. Shortly after coming to New York, in 1919, and not wishing to be unduly bombastic, I had a miniature of the button made. This I wear on all occasions. By the uninitiated, it is diagnosed a college fraternity pin, and in that connection I have made interesting as well as amusing acquaintance. Surely, no field marshal wears his row of miniatures with greater pride than I this modest singleton. The last adventure that befell me through the medium of this innocent looking badge has proved the most agreeable of all—and, perhaps, the most permanent.

A December morning, in 1921, found me, just off a case, leisurely strolling along Fifth Avenue, intent upon window shopping; this saunter being a preliminary canter towards the ultimate purchase of seasonable gifts. Lingered before a particularly attractively-dressed window, debate revolved as to the pros and cons of the "plain but practical" versus the "fascinatingly useless." My meditations were interrupted by a "Hello, Sister!" The "hello" came with the least pause after "hel" as though stop were made to gather breath for the "lo" that ended crescendo. Looking up, my first impression was of a sunny face—brown eyes and fair hair, but that of a stranger. With one hand she held back the lapel of her coat to display the Canadian war service badge, class A., the other outstretched in my direction. Responding warmly, I grasped her hand. Immediately began a bombardment: "What unit did you serve with? "How long in France?" "Where in England?" "In Salonica?" "I missed that." "Then you must have known so and so." This rapid fire questioning went on for quite ten minutes. C.A.M.C. curiosity temporarily allayed, there followed query as to present occupation, native home, etc. Sister X, too, was engaged in private nursing, and, liking it none too well, said she had not become re-acclimated to it just yet. At the moment she was on her way to appointment with a prospective patient, but "Why not meet for lunch?" she concluded. Without hesitation, I acquiesced. One o'clock found us at "The Blue Cockatoo," a shy, wee restaurant unknown to the multitudes who tramp underneath its windows daily. Nor, indeed, was it previously known to me. Entrance is gained by a narrow, rickety, unpromising-looking stairway. Crossing the threshold of a door on the first landing, doubt gives place to surprise. I suspected sister's badge had been changed into "Alf's Button," for here we seemed

to be in a ship's cabin—visions of Peggotty, Ham and Little David came to mind. Even the windows with their chintz curtains have a port-hole-y look. Odd bits of pottery, brass and copper decorate the walls—with here and there an occasional Japanese print. From a perch in one corner swings a blue cockatoo. At a desk facing the entire room sits the "mariner" of this non-sea-going craft. Its crew consists of two waitresses and a chef. The patrons are limited in number, but in originality of thought fully in accord with their surroundings. The history of this unique back-water of the "great white way" is a story in itself. I have been "recommended" as a permanent patron—the place is more club than restaurant, really, so I am looking forward to many pleasant hours there.

The chance meeting with Sister X—or was it Fate—led to further ones. Acquaintance soon ripened into congenial friendship—all owing to that blessed little button. Sister X, whom I was now calling Jane, was preparing to go to her Canadian home for Christmas. I, being without immediate relatives, was invited to go along. The proposal was declined until Jane suggested a Christmas tree for the children of returned soldiers in the vicinity of her home. An appeal so dear to my heart could not be resisted. At once we were in the thick of plots and plans to make the thing go. From the dispatch with which the list of names was made out, I judged it was not Jane's first venture in regard to these little ones. Later, I learned from one of them that not once, but twice, and thrice, during the summer vacation, "Sister" had provided ice cream treats, etc. The list numbered fifteen; to this five were added to cover new arrivals and emergency visitors. We pooled our resources, each putting in three days' pay. Not more than one nor less than half a dollar was to be expended on each gift—the balance to cover sweets, fixings, and a gift for an old mother or two who might be in real need. For a few days we "specialled" in toy-land, visiting big and little shops, buying mostly useful things. Jane's enthusiasm kept my spirits and interest from flagging. If the kiddies got as much fun and pleasure from the tree as we did from the preparation therefor, success was assured. Jane's big trunk was requisitioned and our purchases carefully packed. In spite of a dislike for carrying parcels, we could not resist last moment purchases, so that, on Friday morning, December 23rd, we arrived at the little wayside station in Ontario with well-filled arms. Jane tumbled off the train into the embrace of a very big brother, whose kiss resounded loudly. I was presented, our luggage collected, and we were soon jingling over the snow-covered ground; Rob Roy, for that was big brother's name, well entertaining us with news of the countryside. A comparatively short drive brought us to "The Elms," where at the door awaited Mother, Dad and Jane's younger sister, Elsie. The stranger was warmly welcomed and soon felt quite at home with this delightful family. Dinner



over by 2 p.m., off the young people scampered to a forest some miles distant; the "hired man" was not to rob us of the joy of bringing in the tree. At the edge of the wood a "board" was convened, after which the president and three members proceeded to inspect all trees within the area, dilating a while upon the merits and demerits of each.

Having had a series of medical boards himself, there seemed to be little procedure or technicalities of language with which Rob Roy was unfamiliar. His humorous interpretation led Elsie to enquire if medical boards were a form of entertainment or mental jerks for soldiers. After prolonged discussion and much merriment, the "board" became unanimous. A beautiful fir of gracefully proportioned branches was selected. Indeed, it was not without regret the verdict of death was pronounced; however, destined purpose dwarfed the seeming cruelty of hewing this noble tree from his fellows. And who can say it did not wish its "crowded hour of glorious life"....? We watched with interest the strong swift blows from Rob Roy's axe. Shortly, we were driving home in the shadow of our fir tree. Arrived, the lamps were lighted and supper in process of preparation. Next morning, bright and early, found us astir; chores over, the tree was brought and placed in the spacious living room. Whilst the trimmings were being applied, Mother, knitting the while, and Dad, pulling at his pipe, looked on admiringly; Elsie helping and gleefully exclaiming over each parcel as it was opened. When fully dressed, the tree was a joyous picture. After the others retired that night, Jane and I filled a surprise stocking for each member of the family. Breakfast next morning was a merry affair—we opened our gifts with all the enthusiasm of sixteen. In due time, we went to church and returned filled, with a fresh supply of peace and good will towards all.

Tuesday, the 27th, was the day set apart for the children. After an early dinner (as if dinner were not always early in the country!) Rob Roy, dressed to represent Santa Claus, proceeded to gather in the kiddies. Their joy at seeing a real Santa dash up in a gaily decorated sleigh, to the accompaniment of jingling bells, may be imagined. The sleigh, a low box-y sort of thing, holding eight or nine, had two arches, around which were twined evergreen, with here and there a bit of tinsel, cotton fluff and holly berries. A huge crimson bell dangled directly over Santa's head. Nor were the horse, harness and shafts without festoon. Excitement throughout the settlement was high. Whoops, hurrahs and welcomes filled the air. Not within memory of the oldest inhabitant had there been such a scene. By 2 p.m. the children were assembled. A gramophone ground out nursery rhymes, whilst games and dancing took place. Next in order came refreshments, cocoa, sandwiches, cakes of infinite variety—all the while eyes glancing lovingly towards the tree.

By this time the shyness of the little ones had worn off, and many

were the amusing remarks ventured. Then, all joining hands, they danced around the tree—this being interrupted by the official re-entry of Santa, who at once began the distribution of gifts. His allusion to little jokes in connection with each child or gift evoked peals of laughter. Such a comparison of presents as went on, each being more pleased with his own than any others. The comments of these country children, the genuine nature of their appreciation, of gifts so trifling in themselves, proved very touching to one accustomed to the blasé offspring of rich American patients. All too soon the sun began to set and Santa must needs be on his way. Wraps were donned, thanks and farewells said—the magic sleigh clanged its arrival and the first instalment of happy little ones was homeward bound. Such tales as they would have to tell their elders that night!

After the New Year, Jane and I exchanged the peaceful lamp-lighted "Elms" for the noisy, electric-lit, paved city. We've agreed never to take a case together for fear the experience might be at the cost of friendship. Rob Roy says he is coming at Easter to see "The Blue Cockatoo." I wonder how many days till then!

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Nursing Sister Helen D. Shearer has been engaged in medical survey of the school children in Penetanguishine District.

Nursing Sister A. Hayhurst, A.R.R.C., whose headquarters are now at Toronto, visited Ottawa recently in the interests of her work.

Nursing Sister M. Moran is engaged in private nursing at Iroquois Falls.

Mrs. Herbert Stewart (nee Nursing Sister B. Spearman) is now resident at Ottawa.

Nursing Sister Pearl E. Everett has been visiting relatives at Newtonville, Mass.

The marriage of Nursing Sister Stella Bowlby to the Rev. A. Harding Priest, B.A., took place at Vancouver on November 1st, 1921, and on December 27th, 1921, that of Matron E. W. Russell, to Major T. J. Gray, of Regina, Sask.

The Toronto Saturday Night, issue of January 27th, contains an interesting and appreciative article entitled "The Heroic Nurses of the Prairies." Among these, prominence is given to the outstanding work of Nursing Sister Mary Hall, whose district (the Alberta) is forty miles from doctor and railhead. In this scattered area she renders valuable service; the cases where she has been doctor and nurse by turn include obstetrical, fractures, typhoid, pneumonia, hemorrhages, and innumerable minor ailments and injuries.

Nor, indeed, is it unusual for the nurse to conduct a funeral service. On the prairie the eight-hour day is unknown. A trusted pony stands ever ready to take sister over the trail at any hour, day or



night. This is often accomplished through a blinding snow-storm and invariably during the winter months, when the thermometer is anywhere below zero. And yet there are persons who believe nurses are overpaid, though they little begrudge doctor's comfortable fees for soothing advice transmitted by telephone.

With the Calgary General Hospital, of which she is a graduate, the C. A. M. C. shares the honour of claiming Nursing Sister Mary Hall.

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## Hospitals and Nurses



### NOVA SCOTIA

#### SYDNEY.

The G.N.A. of Sydney was organized in January, 1920, under the presidency of Mrs. Fred Townsend. Monthly meetings were well attended and donations contributed to the Ross Memorial, Salvation Army Hospital, City Hospital, and Children's Aid Society. The following officers were elected for 1922-23: President, Mrs. J. E. MacLellan; Vice-President, Mrs. G. A. Mackay; Secretary, Miss M. E. Mackenzie; Treasurer, Mrs. D. A. MacLeod. An interesting paper on "Contagious Diseases" was read by Mrs. D. A. McLeod. The meeting being adjourned, refreshments were served.

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### QUEBEC

#### MONTREAL GENERAL HOSPITAL.

Miss M. Louise Parker (1903) organized the first class of trained attendants at the Central Y.W.C.A., Montreal, three months ago. Five ladies have passed examinations and been awarded pins, to be followed by a certificate, after six months' satisfactory service with a physician. This course consisted of morning classes extending over three months, with lectures afternoons and evenings once a week to anyone wishing to acquire a knowledge of home nursing. The uniform is Alice blue, with apron and kerchief, pin to be worn in front of cap, all designed by Miss Parker. They are to meet the demand for those who wish their services for non-serious cases, chronic and convalescent patients. It is Miss Parker's aim to introduce home nursing into the curriculum for girls, in both public and private schools for advanced students.

Miss Nancy Curwell (1918) has just returned from two years in charge of the operating room in St. Anthony's Mission, under Dr. Grenfell, on the coast of Newfoundland.

The usual Christmas dance was given by the Board of Directors for the nursing staff and students on December 28th. The residence

was beautifully decorated, and about 400 were present.

Mrs. Jensen and Miss Martha Armstrong are taking the course in Public Health Nursing, and Miss Frances Reed that for Instructors, at McGill University this year.

Miss Hardinge, who was assistant registrar of the C.N.A., has taken charge of the M.G.H. Night Nurses' Home.

Misses Constance Stewart and Eileen Daly are on duty at the Lawrence Hospital, Bronxville, N.Y.

Miss Ingraham (1908) is taking a course in X-Ray work at the M.G.H., whose department ranks among the largest on the continent. Over 21,000 skiagrams, treatments and fluoroscopic examinations being recorded.

Miss M. M. Muir (1913) is in charge of the medical record at the Montreal Maternity.

Miss Gertrude Arnoldi and Miss Margaret MacFarlane have both been called out of the city owing to illness of relations.

Miss A. E. Little, who has been till recently on the O. R. staff of the Winnipeg General Hospital, has accepted the position of supervisor of the operating room at the Royal Provincial Jubilee Hospital, Victoria, B. C.

The 15th annual meeting of the alumnae was held January 13th, a large number of nurses being present. The President's report showed an increase of membership and general advance along progressive lines. Interesting addresses had been given throughout the year, and the financial statement showed \$500.00 on hand after a disbursement of \$700.00 during the year. This included a donation towards a McGill scholarship in the University and a winner given to the graduating class. The report of the Mutual Benefit Association showed a balance in the bank and in Victory Bonds of \$9,581.87, and a membership of 227. This benefit association entitles every member to eight weeks' free treatment and care in the hospital. One room always free for their use, and any others occupied at the same time are charged a minimum fee, which is paid from the fund.

Miss Lily Gray (class 1913) is engaged on the staff of the Henry Street Settlement, New York.

Miss Ruth Stericker (1913) is on the staff of the admitting office of the M.G.H., and Miss Jane Home (class 1918) is on the staff of the Pathological Department.

Miss Annie Toomes (class 1901) is spending the winter in Southern Europe.

The second annual meeting of the Association of Registered Nurses for the Province of Quebec was held at the Hotel Dieu, Montreal, January 10th, with Miss DeLany, the President, in the chair. A cordial welcome was given the large number of both French and Eng-



lish nurses by the sisters of the hospital. From the secretary's report it was learned that 440 new members had been registered during the year, making a total of 1,220. Public Health and Private Duty Nursing Committees have been organized, to be financed for a year by the association. Reports were read from the conveners of these committees, which showed that interesting plans were in progress. These reports and other business were translated and given in French by Miss H. Chagnon.

An interesting address on the life and work of Jeanne Mance was given by the chaplain of the Hotel Dieu, Father Bertrand.

The following officers for the year were elected: President, Miss F. M. Shaw; First Vice-President, Miss M. F. Hersey; Secretary-Treasurer, Miss L. C. Phillips. Committee, Misses Guilmette, Chagnon, Noel, Jamieson (of Quebec), and Hetherington (of Sherbrooke).

Much regret was expressed at the information given that Miss DeLany, who has given so much time and interest to the association, being its president since formation, is leaving Montreal to take up other work.

#### ROYAL VICTORIA HOSPITAL.

Dr. C. A. Martin was the speaker at the usual monthly meeting in February of the alumnae, giving a most interesting talk on some Psychoneuroses. It was decided that Miss Brenda Eaton (1913) be appointed to act on the private duty committee of the C.N.A.T.N.

Miss Helen Rice, who has been on the staff of the hospital since her graduation in 1917, has left for a rest and holiday at her home in Moncton, N.B.

Miss Grace Martin (1919), who is taking the Instructor's Course at the School for Graduate Nurses, McGill University, has been appointed representative to the *Canadian Nurse* magazine.

Miss Irene Charlton (1921) has accepted a position in the operating room department of the Winnipeg General Hospital.

Her many friends will regret to learn that Miss Molly Black (1918) broke her leg recently and is confined to her home in Ottawa.

The Soldiers' Memorial Hospital, Campbellton, N.B., will have for its superintendent Miss Mary Bliss (1911), and Miss Vivienne Graves (1919) as assistant superintendent.

#### JEFFREY HALE'S HOSPITAL, QUEBEC.

Miss L. Sleeth (1921) has accepted a position on the staff of the Shawinigan Hospital.

Miss M. Sardyne (1921) and Miss M. MacRae (1921) have recently accepted positions on the staff of the hospital, and Misses D. M. Binning (1911) and I. Fellows (1918) have resigned their posts in the same institution.

## ONTARIO

## HAMILTON

The graduating exercises of St. Joseph's Hospital were held on January 25th at the Collegiate Institute, the Hon. J. S. Hendrie presenting the diplomas and pins. The following composed the class graduating: Misses M. Muransky, I. Brick, A. Campbell, M. O'Neil, M. Perry, J. Watts, C. Doer, C. Himmen, A. Brinning, M. Morris, M. Daley, J. MacDonald, J. Corriveau, H. Weisher, and M. Anderson.

After an interesting programme, prizes were presented as follows: Gold medal for general proficiency, by Rev. Mother Thecla, to Miss Agnes Brunning; gold medal, presented by Rev. G. L. Cassidy for diligence, won by Miss Clara M. Himmen; gold medal for theory of nursing, presented by W. P. Downes, M.D., won by Mary Anderson; and gold medal for practical nursing, presented by J. W. Edgar, M.D., won by Miss M. F. Perry. Addresses were given, the annual report of the hospital presented, and a brief outline of the new residence given by Mr. Radiger, after which a reception was held.

A linen shower for the residence for nurses was held on January 31st, under the auspices of the Catholic Women's Guild, with great success.

Misses M. McClarty and F. Irving have accepted positions on the staff of St. Joseph's Hospital.

## TORONTO WESTERN HOSPITAL.

Misses Violet MacDonald has been appointed Supervisor in Cleveland Maternity Hospital, Cleveland, Ohio.

Misses Essex, Elinor Phillips, Kneeshaw, Northgrave, Patricia Tuckett, and Anne Gardner (nursing sister) have taken positions in New York City.

Miss Della Hutchison (Victoria Hospital, London), has been appointed Assistant Superintendent of the T.W.H., and Miss Gertrude Jeaves, of the Victoria Hospital, London, as supervisor of the private wards.

The pupil nurses, assisted by Miss McKee and the staff supervisors, gave a wonderful dinner to 100 children of the out-door patients. Each child received an article of clothing and a present from Santa Claus.

Mrs. Ward and Miss W. Jones are doing private duty nursing in Miami, Florida.

## CHATHAM.

The annual meeting of the G.P.H.A. was held on January 9th, when the following officers were elected: President, Mrs. Bruce Stenton; First Vice-President, Miss Head; Second Vice-President, Miss Graves; Treasurer, Miss Kempton; Recording Secretary, Miss Stennett; Corresponding Secretary, Miss M. Knight. Press Committee, Miss Hor-



neck; Flower Committee, Miss Templeman (Convener); Programme Committee, Mrs. McRitchie (Convener); Board of Directors, Misses Stringer, Tinney and Thomas.

#### SMITH'S FALLS GENERAL HOSPITAL.

At the recent graduation exercises of the Smith's Falls General Hospital, the following received their diplomas and pins: Harriet Whiten, Alexandrina Holiday, Greta H. Faith, and Inez Gilmour. The Nightingale pledge was given to the nurses by Miss Masterson, the superintendent of the school. A thermometer was presented to each graduate, and flowers from the directors of the hospital. Addresses were given by Drs. Murphy and Kerfoot, Rev. Mr. Ellis, Mr. Crabbe, and Mr. J. S. Gould. Ven. Archdeacon Bliss presented Mrs. Whiten, the senior of the class, with a case of instruments donated by Mr. J. S. Gould, chairman of the finance committee of the board. A buffet luncheon was served in the board room, after which a social hour was spent.

#### KINGSTON GENERAL HOSPITAL.

The annual meeting of the alumnae of the Kingston General Hospital was held in the Nurses' Home, the President, Mrs. G. H. Leggett, in the chair, with a large attendance of members present. Reports of officers, election of officers for the ensuing year, and letters of thanks received from nurses who had received flowers during recent illness, and from Miss Frances Robinson for money sent her for use in the work of the local V.O.N., were among the features of the business session.

Miss Emily Baker, at one time a V.O.N. nurse in Kingston, was made a life member of the Alumnae Association.

Miss Claudia Boskill, formerly superintendent of the hospital, very kindly remembered the alumnae at Christmas time with a generous cheque, accompanied by the request that it be used for alumnae purposes.

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#### MANITOBA

Misses Persis Johnson, C. MacLeod, Cannon and Margaret Gemmill, the latter as Brandon delegate, were in attendance at the recent convention of the Manitoba G. N. A. held in Winnipeg. Miss Gemmill gave an interesting paper on "Anaesthesia," and Miss Cannon one on "X-Ray work for nurses." The new hospital will possibly be opened the middle of March. In this connection the members of the association had the high cost of living brought home to them by the report of Miss MacLeod, convener of the Furnishing Committee for the Diet Kitchen, when she told the prices of egg-beaters, soup strainers, etc. Their hardly accumulated two thousand dollars will soon slip through those strainers into the consomme.

Mrs. Pierce, who has been disabled owing to a Colles fracture, was able to be present at the February meeting.

ST. BONIFACE.

Mrs. J. Dunlop, Misses Gladys Maybury, Goldie Leiterman and Myrtle Jephson have all returned recently to the city.

Nursing Sister Stella Gordon has been taken on the staff of the S.C.R. at Winnipeg.

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### SASKATCHEWAN

Many are the expressions of regret heard at the departure from Saskatchewan of Miss Jean E. Browne, who has recently received the important appointment of Director of Junior Red Cross work throughout Canada, with headquarters in Toronto. While Miss Browne is congratulated upon her appointment, the Canadian Red Cross Society is also to be congratulated upon securing the services of one so eminently fitted for such an important work.

Miss Browne has been closely associated with all movements tending to nursing progress since she came to the Province in 1911. She first organized school nursing in the Regina city schools, and a few years later she was appointed, under the Department of Education, the Director of the Division of School Hygiene for the Province. All who are familiar with the development of school nursing in the Province of Saskatchewan know that it is due to Miss Browne's wise direction and leadership that such an excellent service has been established.

In the effort to secure registration for nurses, Miss Browne was one of the most active workers. Since registration was secured in 1917, Miss Browne has been President of the Registered Nurses' Association, with the exception of a year, during which she was absent from the Province.

In the few weeks preceding her departure, Miss Browne was the guest of honor at many social functions. The nurses of Moose Jaw tendered a most delightful dinner to Miss Browne. The Saskatoon Nurses' Association was fortunate that Miss Browne was able to be present at a special meeting on the evening of the 14th of February. The senior nurses from the Saskatoon City Hospital and St. Paul's Hospital had also been invited to hear the excellent address given by Miss Browne on "Registration." Just on the 'eve of Miss Browne's departure from Regina, she was the guest of honor at a dinner tendered by the Regina nurses, with whom she has been so closely associated during the past ten years.

Miss Browne's many friends in Saskatchewan join in wishing her all success in her new undertaking.

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## BRITISH COLUMBIA

## VICTORIA

Victoria G.N.A. recently held their annual meeting in the Nurses' Home of the Royal Jubilee Hospital. The following officers were elected: President, Miss M. E. Morrison; First Vice-President, Mrs. J. P. Sylvester; Second Vice-President, Miss E. McLaughlin; Secretary, Mrs. H. G. Chambers; Treasurer Mrs. Dixon; Executive, Mrs. Stewart, Mrs. Sinclair, Miss Hibbert, Mrs. York, and Miss Vanwright. After reports from the President, Secretary-Treasurer and Registrar, Dr. Wace gave a most interesting address on what was being done for the disabled soldier, particularly those suffering from tuberculosis. Refreshments were then served and the meeting adjourned.

## VANCOUVER.

The Vancouver G. N. A. were hostesses on February 4th at a card party held in the Women's building. The rooms were very attractive with bright grate fires and yellow daffodils. The prizes were won by Misses A. McLellan and Hineman. Refreshments were served by the Social Committee, convened by Miss B. Stevens and assisted by the president, Miss Haskins, and the secretary, Miss E. V. Cameron.

The regular meeting of the V.G.H. Alumnae was held February 7th, when general business was discussed. It was gratifying to note the increased attendance, though there is still much room for improvement.

The annual dance of the alumnae was held in Lester Court on February 9th. The function was a decided success, and much credit is due the committee in charge of details.

Misses A. Wright and Emma Davies (1918) have returned, after a year spent in Philadelphia.

Miss Dorothy Jolliffe (1920) has recently assumed charge of the O.R. at the Golden State Hospital, Los Angeles, Calif.

Miss W. Manson (1920) has resigned her position in the O.R. at the V.G.H., and has left on an extended visit to New York.

Misses I. Smith, J. Runcie and Meta Reid (1921) have accepted positions in St. Luke's Hospital, Seattle, Wash.

Miss E. McVicar is on the staff of the Manhattan Eye, Ear, Nose and Throat Hospital, New York.

Miss E. Stone (1917) is taking a course in anaesthetics at the Post-Graduate Hospital, New York.

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BIRTHS

**Burwell**—At Marysville, Mich., on January 16th, 1922, a son (Lee Fraser) to Mr. and Mrs. B. H. Burwell (Lottie Fraser, Montreal General Hospital, class 1911).

**Driver**—At Kamloops, B.C., on February 2nd, 1922, to Mr. and Mrs. W. E. Driver (nee McCordick, Regina General Hospital, 1917), a daughter.

**MacGregor**—At Dalhousie Mills, Ont., on January 30th, 1922, to Mr. and Mrs. MacGregor (Mary McLeod, Montreal General Hospital, 1916), a daughter.

**Spencer**—At 252 Hampton Avenue, Montreal, on January 28th, 1922, to Mr. and Mrs. C. A. Spencer (Ethel Patterson, Montreal General Hospital, 1915), a son.

**Baptist**—In Three Rivers, Que., on January 19th, 1922, to Mr. and Mrs. Edward Baptist (Yvonne Hart, Montreal General Hospital, 1913), a daughter.

**LeMesurier**—At the Jeffrey Hales' Hospital, Quebec, on January 9th, 1922, to Mr. and Mrs. Sydney LeMesurier (Grace Matthews, Jeffrey Hales' Hospital, 1915), a son.

**Montgomery**—At the Montreal Maternity Hospital, on January 21st, 1922, to Rev. T. A. and Mrs. Montgomery (Margaret Drummond, Royal Victoria Hospital, Montreal, 1916), a daughter.

## MARRIAGES

**Hunter-Preston**—In Saskatoon, Sask., on Saturday, February 11th, 1922, Miss W. B. Preston (St. Paul's Hospital, 1919), to Mr. H. S. Hunter.

**Gearey-Bell**—On January 25th, 1922, at St. Mark's Church, Vancouver, B.C., Virginia Bell (Vancouver General Hospital, 1921), to Verne S. Gearey, M.D., of Malvern, Arkansas, U.S.A.

**Clark-Lemieux**—On December 22nd, 1921, in Winnipeg, Man., Phyllis Lemieux (St. Boniface Hospital), to R. W. Clark. Mr. and Mrs. Clark will reside in Winnipeg.

**Soet-Lanktree**—On January 7th, 1922, in the Methodist Church, Welland, Ont., by Rev. Mr. Wells, Louise Isabella Lanktree (Montreal General Hospital) to Louis Soet, of Ashtabula, Ohio.

**Hawkes-Morse**—On October 28th, 1921, in Vancouver, B.C., Clara E. Morse (Royal Free Hospital, London, England) to Wilfred Hawkes, of Bournemouth, England.

**Oliver-Whitworth**—At the Presbyterian Church, Schrieber, Ont., on February 2nd, 1922, Leonie I. Whitworth (Vancouver General Hospital, only daughter of Mr. and Mrs. Isaac Whitworth, Ladner, B.C.) to Dr. Edward B. Oliver, of Fort William, Ont.

**Hazelstine-Marshall**—At Eversley, Ont., on January 18th, 1922, Bessie Marshall (Toronto Western Hospital, 1921) to Rev. H. W. Hazelstine.

**Carlisle-Cringan**—At Toronto, on January 28th, 1922, Helen M. Cringan (Toronto Western Hospital, 1920), to Dr. Vernon Carlisle.

**Toomey-Owen**—On August 10th, 1921, at Bridgewater, N.S., Violet Owen (Jeffrey Hales' Hospital, Quebec, 1918), to Mr. George Toomey, of Halifax.

**Rowley-Ford**—On August 31st, 1921, at Portneuf, P.Q., Katherine Ford (Jeffrey Hales' Hospital, Quebec, 1919), to Mr. Robert Rowley.

**Rowan-Gunning**—At Christ Church Cathedral, Montreal, by Rev. Dean Carlisle, Ione, daughter of J. W. Gunning, Pictou, N.S., to Arthur Alexander Rowan, son of J. Jackson Rowan, of St. John, N.B. Mrs. Rowan is a graduate of Montreal General Hospital, class 1921.



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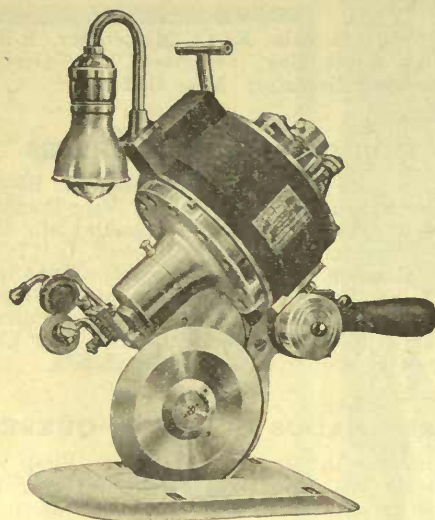
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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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VANCOUVER, B. C., APRIL, 1922

No. 4

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## Memorial Committee

Report of Monthly Meeting of Memorial Committee of the National  
Committee, held March 10th, 1922.

**Re Placing of Memorial:** Miss Dickson, accompanied by Miss MacDonald and Miss Potts, have had an interview with government officials at Ottawa. It was made plain that we would not be permitted to place a monument within the parliament buildings, nor on parliament hill; but it was suggested that we might be given a site in Major Hill park, which is also government property. Our representatives were told that the government would expect to have designs of the proposed memorial submitted before they would give permission for its erection.

**Committees:** A letter was read from Miss Potts, resigning her post as convener of the Ways and Means Committee. Miss Potts is being urged to continue the work, so it is hoped that she will do so, and that

the present plans which she is arranging with the provincial committees will not be interrupted.

**Designs:** A motion was passed that we ask the members of each provincial committee if they wish to submit the name of any designer and if so, to send that name immediately to the national convener.

**Report from Provinces:** British Columbia—Organization under way; Convener, Miss Elizabeth Breeze, 125 Vancouver Block, Vancouver, B.C. Alberta—No report. Saskatchewan—Progress made; some funds already collected. Manitoba—Progress in organization. Ontario—First funds have been collected. Quebec—Convener, Miss E. C. Rayside, Montreal General Hospital, Montreal. The Committee aim to have its full amount raised by June 30th. New Brunswick—Convener, Miss A. L. Burns, Moncton, N.B.; the Committee has been appointed and plans are being made for raising their portion of the money.

E. K. RUSSELL, Secretary.

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## Hospital and Training School Administration

By Amy M. Hilliard, R.N.  
Troy, New York

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The trustees of any school for the higher education of young women accept responsibilities not only to the student and her family, but to the public. The public has a right to expect that the graduates of such schools shall be better prepared to undertake responsibilities and to render effective service than those other members of society who have been less favored by fortune and opportunity. The parents of prospective students will give very careful consideration to the reputation of the school for maintaining high standards of education in its faculty and student body amid surroundings calculated to make for character building, and the school which stands the test of time will have gained a reputation to be envied by those who have been content with lesser ideals. Opportunity and advertising may carry a school on for a time, but no school for young women will flourish long unless it rests upon a reputation for work well done; such a reputation will be particularly required by the fathers and mothers of the community. The student seeks education because she has awakened in her the consciousness that without it she will be unable to understand or fully enjoy the life which surrounds her, that she will be able to render but a limited and unintelligent service, or she may seek it only because her parents desire its benefits for her. Whatever the reason for its seeking, it is incumbent upon the Boards of Trustees to see that her confidence, that of her parents and the community at large shall not be misplaced.

The Boards of Directors of Schools of Nursing not only have all the obligations incumbent upon those who direct other schools for young



women, but they have in addition, and in common with other professional schools, a very distinct obligation to the profession into which the student will seek entrance upon graduation. Unlike that of all other schools, the course of instruction must of necessity be carried on simultaneously with the work of a hospital in its care of the sick, twenty-four hours a day and seven days a week. This does not mean that the student should be on duty long hours daily for seven days a week; such a course would be not only unjust, but unintelligent, and in the end would defeat the objects for which the school was incorporated; as parents, friends, and the very public it was designed to serve would advise students against seeking education under such impossible conditions.

The greatest handicap that Schools of Nursing have struggled under has been and still is the lack of consideration given by the very persons who should stand strongest behind them (I mean their Board of Directors). Their need, like the need of all schools, is for a sound financial basis upon which to work. Do we expect schools for teachers to operate without funds from the municipalities or the state? Why should not such funds be available for those who are being prepared to teach health conservation and disease prevention? Why should we expect the hospital (which if well run and for the benefit of all the community must be run with a deficit) to furnish all such funds?

Schools of Nursing, at least in this country, came into being by the insistence of Boards of Directors. For a long time they received scant cordiality from either the hospitals or the medical profession. Groups of public spirited men and women insisted upon better care of the sick inside and outside hospitals, and to meet this need Schools of Nursing were called into being, and the earliest of them were financed by independent funds. I regret to say that, due to near-sightedness, or politics or other exigencies of the situation, all except one have fallen from grace. If the School of Nursing is to do the work in the hospital and in the community, that is its birthright; it is high time that our Boards of Directors should look after its independent financing. Lack of money has been the chief obstacle in the path of its development and progress, and has been the cause of much unnecessary sacrifice of student nurses.

All good hospitals operate with a deficit. The better the hospital, the larger the endowment or deficit. The reason is not far to seek. Only a very small proportion of even the private room patients really pay fully for what they expect. In reality a hospital is a hotel for the sick. It has all the expense of maintenance of other hotels plus that of medical attendance, nursing attendance, special departments, such as the operating rooms, the pathological laboratory, the X-Ray, radiocardiograph, metabolism, dispensary, diet kitchens, hydro-therapy, pharmacy, social service, ambulance, etc., to say nothing of additional laundry and employees. Medical and surgical supplies alone furnish a very substantial proportion of the money output, but what patient ever thinks of paying for them? In fact, what proportion of hospital patients expect to pay even the same

amount for hospital accommodations as he would be obliged to pay for hotel accommodations in the same city? This is a queer form of reasoning on the part of the public, very few of whom want to feel that they are accepting charity, but it is a view that must be taken into consideration by those who are responsible for financing hospitals and Schools of Nursing.

If the hospital is not to receive at least as much revenue from its private rooms as would be paid for accommodations of a similar character in local hotels, how can we reasonably expect it to efficiently run not only its kitchens, laundry and engine rooms, all the special departments, and in addition to find the finances for maintaining an educational institution which must be on a par with other schools of the community? I have nothing but the highest praise for the efforts that hospitals have put forth to honestly meet the obligations placed upon them, and I am willing to admit, when I recall to mind the long line of splendid women who have been the product of their teachings, that they have done well, for what these women have done the hospitals have made possible. But do we continue the apprentice system in education today because some good workmen were produced by it? Have we not found a better form of education?

If the first consideration for the successful school must be that it rest upon a firm financial foundation, surely the next consideration must be given to its faculty. No school ever was or ever can be better than the leadership given it. The principal of the School of Nursing must be selected with as much care as the principal of any other professional school. She must be well educated fundamentally and professionally, and in addition she must have executive ability and leadership. It is the solemn duty of the Board of Directors to find such a woman to take charge of their School of Nursing and not appoint someone because she has acceptably taken care of their children, or because she gets on well with the doctors, or is a good surgical nurse. A competent principal will draw about her women of like ability and aspirations, but she must receive the active backing of her Board of Trustees and School Committee if she is to weather the storms that are sure to arise when she must run counter to tradition, prejudice or convenience. President Hadley once said that a strong student body will make a strong faculty, but my experience and observation lead me to believe that the stronger the faculty, the more strong will a surely student body be the result. I think that the consideration given to providing adequate school accommodations, such as class rooms, laboratories, libraries, dormitories and recreation halls has resulted in the erection of some very attractive and well appointed school buildings, but such buildings are the exception rather than the rule. By co-operation with one another and with the other schools of the community, Schools of Nursing could conserve effort and avoid duplication of work, and a few of our best schools are beginning to see the light in this direction and their leadership in co-operation, for better teaching is sure to be followed by an increasing number of schools each



year. No principal (no matter how able she may be) can maintain a progressive school without a strong teaching staff. Intelligent financing and co-operation with other good schools of the community will be needed in order to obtain the services of a desirable staff of instructors.

The curriculum has been given years of study by a large group of nurse educators, and as a result of their collaboration the National League of Nursing Education, several years ago, published what has become known and generally accepted as the Standard Curriculum for Schools of Nursing. This can only be adopted if the school has an adequate and well qualified staff of instructors.

In this democratic country of ours much has been done and much more may be done with very limited beginnings, but a School of Nursing can not develop the nurse administrator, the public health director nor the private duty nurse that the public needs unless noble-minded, level-headed, well-educated women enter Schools of Nursing. If the care of the sick is a community problem, which we all concede it to be, is it not a community responsibility to see that Schools of Nursing have the necessary status educationally and legally to plant them on a firm foundation so that their product, the graduate nurse, will not be forced to meet on an almost equal footing the graduates of short course schools? Is it reasonable to suppose that large numbers of educated women will enter Schools of Nursing if, when graduated, they find that the public accepts the short term nurse on an equal standing?

Every short term school by its advertisements, "Be a Trained Nurse," and by its product, "the professional nurse," belittles the legitimate School of Nursing and makes just so much more difficult its maintenance and development. If such schools would be honest and place quite frankly before the public the limitations of their graduates and call them attendants or some other name that would be readily understood, they could serve instead of exploiting the public.

This problem should not be left to the nurses to struggle with. If the community expects thousands of young women to go into Schools of Nursing and give two or more years of their lives taking care of the sick in hospitals, it seems to me that it is the community's responsibility to make them feel that their services are appreciated and their educational status recognized. The community has no right to complain of shortage of nurses in Schools of Nursing nor in any of the avenues of nursing work until it has fully met its responsibilities in this matter. How often do we find the community taking any active interest in recruiting students for Schools of Nursing? Is it fair that this task, in addition to that of teaching students and supervising the care of the sick in a hospital, should fall upon the principal of a School of Nursing? Is any other principal expected to carry such a heavy responsibility? The community has come to depend almost exclusively on students in Schools of Nursing to care for hospital patients practically gratuitously:—they very seldom appreciate the value in dollars and cents to the hospital of this intelligent and

willing service. Viewed from the teachings of our Lord and Master, who have been the greatest philanthropists during the past fifty years in hospitals, those who have erected wonderful buildings dedicated to the care of the sick, or those who have spent the best years of their lives in giving bedside care to the sick?

Boards of Managers should acquaint themselves in detail with the essential factors for the development and maintenance of a School of Nursing; they should see that it is comfortably housed, and in connection with a hospital that has not only gained the confidence of the public, but is ranked in class "A" by the American College of Surgeons and State Board of Charities. They should see that the finances of the school will make possible the appointment of a strong teaching staff and the development of reasonable social, educational, and recreational activities outside the hospital,—in other words, they should make the school a place where they will be eager to send their daughters instead of their maids.

—*The American Journal of Nursing.*

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## **Tuberculosis Training for Nurses**

Dr. BAKER

Superintendent Central Alberta Sanitarium.

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Tuberculosis is receiving an ever increasing amount of attention. This is an effort to reduce its fearful toll of mortality and morbidity. In this commendable endeavour, the medical and nursing professions have serious responsibilities.

This is a period of unrest in almost every sphere of activity in this country, and time-worn beliefs are being critically examined. Those which successfully bear the test of scientific scrutiny survive, while those which are merely expressions of superstition and tradition are being cast aside.

Are we keeping in touch with the steady advance in the knowledge of tuberculosis, or have we failed to readjust ourselves to the newer views regarding its incidence, course, treatment and control? This is a question which should engage the earnest consideration of all who are interested in the improvement of living conditions in this country.

Do you know that one out of every ten deaths is due to tuberculosis? Do you know that every third person dying between the ages of 15 and 40 dies of tuberculosis? Do you know that the disease is largely preventable? Do you know that it is curable?

New York City has decreased its tuberculosis deaths from 1,974 in the last quarter of 1913, to 1,294 in the last quarter of 1920, i.e. over 34%. How? By systematic, continuous work of a constant personnel, through free laboratories, clinics, home supervision, temporary institutional care of hopeful cases and hospital care for the advanced ones, and



by general improvement in the peoples' hygiene. In Alberta we should be able to decrease our estimated rate of 85 per 100,000 of net population.

The disease is curable, and this is its natural tendency in adults, but not if too advanced. In this latter condition it can be controlled to a great extent.

Whether the individual be affected with a diseased heart, a cirrhotic liver, a diseased pair of kidneys, an amputated limb, or pulmonary tuberculosis, he or she has limitations and must lead a guarded existence from one or more standpoints. The recognition of this fact of sub-normal persons, and the provision of conditions under which they may live in the greatest degree of usefulness to the community and enjoyment to themselves is already becoming universal.

Such a widespread disease as tuberculosis requires expert nursing attention. How can this be given if our nurses have no experience with its early manifestations, its treatment and control? Where, in this Province, is such training given? It is that the members of the Alberta Nursing Association may keep the noble ideals it has set up that no time should be lost in securing for nurses-in-training both practical and theoretical knowledge of this common disease.

Such a training will do much to remove that fear of contracting the disease which so many nurses share with the public at large. It is essential here to distinguish between a proper respect for tuberculosis and the laws which it follows, and the blind fear of ignorance which carries us back to the days when night air was considered fatal for consumptives; and typhoid fever was said to result from the breathing of offensive odors. The observations of many keen students in various countries have established, quite conclusively, that nurses and doctors working in sanatoria and tuberculosis hospitals do not contract this disease in any greater numbers than do those doing routine general hospital work. Likewise, the so-called tuberculosis resorts are reported to have no greater incidence of the disease in the healthy population than do normal communities. These, I believe, are plain statements of the facts, and anyone who is skeptical of these is invited to investigate available evidence.

But the fear of contracting the disease is very widespread and many cannot yet convince themselves that the technique in dealing with it is a special one and very efficient as regards contagion. Gasoline is a dangerous liquid in the hands of children and of irresponsible adults, who do not know or observe its law of action, not so with those experienced. This is a crude comparison, but carries its point. However, actual nursing contact with tuberculosis, and the failure to contract it, before long would give us a body of nurses qualified to serve the individual suffering from the great white plague, and competent to protect themselves and the public from appreciable danger. The value of asepsis and antisepsis has been forcibly brought home to all, and many homes today have antiseptics to use as a first aid measure. Few of us, however, have stopped

to consider the loss of life and health through preventable respiratory diseases. Again, someone will ask if it is safe to have nurses in this work. Yes, experience has so proven, provided proper methods are used; but for the present I would bar the girls from isolated quarters, who may never have been slightly infected. I sometimes wonder if it would not be wise to subject all probationers to a tuberculin test to determine, if possible, those who have a possible degree of immunity, just as at present use is made of the Schick test for diphtheria.

I hope there are very few graduate nurses who refuse to attend any case because of fear of contracting the disease. And yet I have been told that in one of the largest hospitals in the Province that as soon as a diagnosis of tuberculosis has been made, that the nurses are afraid to do the routine work. Every few days application is made for the immediate admission of a patient to our sanatorium from some hospital because, a diagnosis having been made, the case must be moved at once. Why is this? I feel sure that the fault lies in the lack of education, and failure on our part to provide accommodation for the disease that kills one in ten of our population. Should not every hospital be equipped to effectively take care of respiratory diseases? I leave the answer to you.

The time has passed when tuberculosis was considered an hereditary disease. Koch demonstrated to us in 1882 the tubercle bacillus as the cause of tuberculosis, and following this wonderful discovery it was thought that with isolation and segregation of all cases and proper anti-spitting laws, that infection could soon be prevented and so the disease wiped out. But this last belief has all but gone and we are recognizing that widespread infection—not disease—is a normal condition of our society, and, as such, is probably a blessing in disguise, and that until we have a specific cure or preventative, what must be aimed at is not elimination of all infection, but rather the prevention of the disease—tuberculosis. In this work the medical profession as leaders has its duty to perform in the diagnosis at the earliest possible moment, and in advising proper treatment; the nurses, because of their intimate contact with the patients and their friends, have even greater opportunities and possibilities for good in replacing grandmother beliefs regarding this and other diseases with the facts; and the general public has a duty to itself in paying attention to early evidences of beginning disease by insisting on a thorough examination and accurate diagnosis.

You are all aware that the tuberculin test, in the hands of an experienced operator, is considered a very reliable indication of the presence of tuberculous infection within the human body. You are also aware that the newborn infant invariably gives a negative reaction. Fishburg tells us that examination of 1,280 children among the poor of New York City showed that infants—those under one year of age, of tuberculous parents reacted positively in 15.15% of cases, those of non-tuberculous parents in 10.07%; those between one and two years in 55.10% and 33.33% respectively. After this the increase in positive cases was less



rapid, until at the age of fourteen, children of tuberculous parents were positive in 83.79% of cases; those of non-tuberculous parents in 75%. It is generally conceded that considering the country at large from 75% to 90% of all people now harbor or have harbored within their bodies living tubercle bacilli. So that, whether born of tuberculous parents or not, it seems that the vast majority of adults have been infected.

But of this large number comparatively few develop the disease known as tuberculosis. The Framingham Investigation discovered 1% of the population with active tuberculosis, and 1% with arrested disease. Of the 1,500,000 British troops on the western front in 1917-18, and of whom 75 to 90% were, no doubt, infected with tubercle bacilli, it is reported that tuberculosis was a cause of ill-health in only 2,881, and the deaths were 165. Allowing for the inaccuracy of statistics, it is apparent that there is a great discrepancy between the number who have received tubercle bacilli into their bodies and the number who become sick. On the other hand, aboriginal tribes die rapidly from an acute type. It may be that the acute fulminating cases we see are in those who have had no early infection.

How can we explain these confusing facts? There seems to be no doubt but that a mild infection in childhood with limited disease, perhaps unrecognized, confers upon the individual a degree of immunity or protection comparable with the protection following measles, scarlet fever, or smallpox. If the immunity were greater and also constant in degree, it is fair to assume that the disease would be less common.

In the light of these facts, in our condition of society, he who has no tuberculosis is unfortunate and a poor risk.

Tuberculosis in the infant is easily contracted and is apt to be a rapidly fatal disease. The death rate is large and is to be found chiefly in homes where there are definite cases of tuberculosis. It is to be noted that infants born of tuberculous mothers remain free from the disease provided post natal contact be prevented. It is in maternity work that the nurse has great possibilities for good outside of the immediate routine—perhaps there is evident tuberculosis in the house, perhaps the mother has a chronic cough, or there is a history of someone having suffered from manifestations of tuberculosis, such as a pleurisy, a slight hemorrhage, persistent cough. The tactful, well informed nurse, appreciating the danger awaiting the infant, may be able to so counsel the parents as to save the child and lead to the proper treatment of the afflicted person. This will be preventive medicine—practical, worth while and bringing results worthy of the members of your profession.

Tuberculosis in the adult, who has a degree of resistance, is a disease of exacerbations and remissions which may alternate for years, on the average about seven years. The more frequent the attacks the more serious their nature, until eventually an incurable condition is reached. It is evident, therefore, that utmost importance should be attached to

the prevention of these periods of relapse. What are some of the causes? Frequent definite infections with tubercle bacilli which probably lowers the resistance; certain infections as measles, influenza, typhoid fever, and others, which again cause a decrease in the degree of immunity for a time; pregnancy; poor nutrition; too great stress in whether from physical or mental work; too much pleasure or worry; unsanitary living and working conditions; poverty; alcoholism. Krause has said that any cause of disease is a cause of tuberculosis.

It is this clinical tuberculosis and not latent tuberculosis which causes the suffering, the poverty and death, and against which I believe we can make headway, by encouraging the co-operation of all in a determined effort to safeguard the individual from the factors which cause breakdowns.

Of equal importance is the recognition by everyone of certain almost sure evidences of tuberculosis, as pleurisy and hemorrhages, which if properly interpreted should lead to attention to this disease when it may even yet be in the curable stage.

If then all are infected, but few become sick, is it worth while to attempt control of sources of infection? Yes, first, because we must reduce the infant mortality; second, because frequent infection probably is a factor in producing sickness, and, third, because the same methods will reduce all respiratory diseases. The menace to the public lies less with the occasional consumptive and more with everyone who carelessly spreads all kinds of respiratory disease by failure to cover the mouth and nose in coughing and sneezing; by expectorating in public places; by hand to mouth contamination. Whether respiratory infection be dust-borne as stated by Flugge; a droplet infection as claimed by Cornet; or a hand to mouth one as suggested by Krause; whether one or all play a part, a degree of control is possible, and, as this is practised in hospitals and sanatoria, it is effective in preventing marked contagion. It is years since the golden rule was given to us: "Do unto others as you would that they should do to you." And may I apply it here—if you expect the consumptive to protect you, he likewise claims protection from your expectoration, your coughs and colds. How can the physician and nurse expect co-operation from the patient if he or she neglects to practise what is preached?

Tuberculosis is everywhere. It is estimated that only 5% of positive cases are in institutions. In the older and more organized communities than ours, it has been found that 50% of advanced cases are unrecognized—please note, of advanced cases. The fault of this may not be at the door of the medical profession either, for very frequently patients report for treatment years after the symptoms show themselves. Should not the training of children for life bring home to them the responsibility to themselves and others of not ignoring common symptoms of disease until incapacity results? Once more the problem is an educational one, and we need the help of nurses who are in close touch with the families, of the



teachers, of the churches, and of the various community organizations to make preventive medicine a real fact in our life.

It is estimated that one-third of active cases will benefit by institutional treatment, which means that in Alberta we have 1,500 or 2,000 people today who need treatment. They are in all stages of the disease. Is it safe to treat early cases without a positive sputum and late cases in the same institution? Yes, experience in Europe and America has proven it, provided we have proper equipment, a trained staff, and lastly and more especially, the co-operation of our patients.

What are the advantages of institutional treatment in early cases? I believe the chances of recovery are greater; and through education received, the possibilities of remaining well are greater than with home treatment in this Province. Nowhere else can one learn so quickly the habits, if I may so call them, of this disease as where all the types are seen, and nowhere is the importance of universal care in controlling infected material so great. Every discharged patient carries home to his friends information they otherwise would never learn.

What are the advantages of institutional care of the far advanced? The patient receives proper treatment and during the last year or two of life when he is of greatest danger to relatives and friends they are safeguarded from repeated, frequent exposures. This is apparently a real factor in development of the disease. Of the civilian patients admitted to the Central Alberta Sanatorium during the past year twenty-four gave a history of previous contact with tuberculosis. Of these, thirteen, or over 50%, had tuberculous parents; nine of these contacts were mothers; eighteen had a definite history of childhood exposure in their homes; only six attributed infection to other sources. Approximately two-thirds of our admissions have no knowledge of any contact. These figures are limited and are mentioned only for what they are worth.

In conclusion, let me say that in Alberta we can learn much from the older communities and so save valuable time if we will but profit by their experiences. Let us co-operate with them in insisting that our nurses-in-training and physicians-in-training be experienced in the manifestations and treatment of tuberculosis. This can be attained if our general hospitals have proper tuberculosis wards or pavilions, had if our sanatoria are in affiliation with nurses' training schools and medical schools.

I feel sure that before long the Alberta Nurses' Association will take definite steps to see that their splendid profession is properly qualified to more efficiently deal with the tuberculous patient and to more wisely counsel the public at large.

Read at the Convention of the Alberta Association  
of Registered Nurses, 1921.



## Teaching Practical Work and the Value of Co-operation of the Ward Supervisors

By J. Y. Farquharson, C. & S. C.

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In no other professional schools do we find better educational facilities than in our schools of nursing. Where else could one find such a splendid field for practice? And to make the best use of this opportunity, to see that our wealth of clinical material is put to the best possible use is one of our greatest problems in teaching practical nursing.

To do this we must have the co-operation of all the officials of the training school. Many superintendents hold weekly or fortnightly meetings of the staff to discuss methods, stimulate enthusiasm and hold before all the objects and aims of the training school. At these meetings head nurses will tell of deficiencies found in the pupils and of mistakes made; this will help the instructor make her classes of greater value. The instructor may show how the pupils are to get more from their ward work and how the head nurses may help by giving some bedside instruction. The instructors can tell what work is being taken up in class, and the head nurses may help the pupil by making suitable illustrations and applications to the ward work.

At these meetings the technique of the hospital should be discussed. So frequently we see different methods in practice throughout the hospital! If the staff, as a whole, discussed various methods, and selected the best from each, uniformity might be obtained. In standardizing any procedure the following points should be considered:—1. Efficiency of the method; 2. Its safety to patient, nurse and other patients; 3. The comfort and happiness of the patient and other patients; 4. Economy of (a) energy, (b) time, (c) materials; 5. Appearance; 6. Adaptability; 7. Simplicity.

Multigraphed copies of directions for each procedure should be made and a set kept in a loose leaf book in each department. When a change in technique is made, the necessary sheets are exchanged for new. Many hospitals furnish pupils with sets of their own hospital technique. This saves valuable time in class by lessening note taking and relieves the instructor of correcting many notes.

Sometimes good suggestions come from pupils. If these were discussed and adopted when worthy, pupils would be stimulated to more interested and thoughtful work, and the hospital would secure their co-operation to a greater extent.

A public demonstration at the end of the term does much to quicken the interest of pupils and graduates, and if officials from other training schools are invited valuable ideas may be exchanged.



It is very important not to give too much practical work in the probation course. Pupils will become confused if taught procedures far ahead of what they are practising. The sciences should be kept well abreast with the nursing, for on them intelligent work depends. Therefore, push the sciences during the first three or four months and go more slowly with the practical work, allowing plenty of supervised practice in a well-equipped demonstration room or on the wards. The practice classes must be fairly small, and more will be accomplished if all the pupils are asked to do the same thing at the same time. For example, on a quiet ward they can all make beds at once or all can take temperatures—or in a smaller group pupils may give their first bath.

Pupils will do better nursing if they have acted as patients and know how it feels. With a sufficient number of beds in the demonstration room, one half the practice group may act as patients while the others demonstrate lifting, moving, etc.

To record the amount of practice, many keep cards listed with procedures taught, and the pupils names, the card being marked up each time the pupil does a piece of work successfully. Frequently pupils are requested to practice during the study hour, leaving their work for inspection.

As the probationer seldom spends more than three or four hours daily in the hospital, her ward work must be carefully planned to give the greatest educational value and variety of experience. This is also important during the whole training period, for, if we are to attract young women to our training schools, we must give them the value of their services in good instruction and in opportunities, and not keep them at mere mechanical work long after they have become proficient in it.

Lectures in the special branches—obstetrics, pædiatrics, etc.,—should come when they are most needed, i.e., at the time the pupils are getting their special experience on the wards, and nursing classes in these branches should be conducted at the same time as the lectures are given.

The supervisor of each department is a specialist in her branch of nursing,—and, provided she is a bright, intelligent woman with an aptitude for teaching, who would be better fitted to teach this special line of nursing? Who could better teach “nursing of infants” than the nurse in charge of the infant ward? What a wealth of clinical material she would have to draw from!

With supervisors responsible for teaching of their branches, greater interest in the educational side would be roused. The supervisor would avail herself more frequently of opportunities for bedside instruction, calling attention to symptoms difficult for the beginner to observe. She would encourage pupils to study the history of their patients, to follow up treatment and watch results, at the same time reading up special cases in the reference library.

One thing essential for teacher and taught is time for preparation. Who can prepare a lesson or do supplementary reading when worn out with a heavy day's work? On a busy ward, with too few nurses, frequently working overtime, teaching is often left far in the background. We must improve our working hours if our pupils are to get what is due them, from their practical work. But even as things are, could we not do better?

The instructor of nursing must be in close touch with the ward work, making rounds at stated intervals and keeping up with new ideas. She must also keep up her science and general reading.

Often pupils feel that there is a missing link between different departments of the hospital. Take, for example, the diet kitchen or the feeding pantry. When preparing a special feeding—does the pupil know from what complaint the infant is suffering? When the feeding is changed, does she know why? Or does the pupil on the ward always know what feeding she is giving to the baby, and why? This is a problem in itself and is worthy of much more discussion than we have time for.

In our training schools for nurses a great deal has been said and written about technique; we have made this pretty good. Much has been said recently about theory; this is improving. I do think we should pay more attention to the emotional and spiritual side of our training, and, while we are developing the "head" and the "hand," we must not neglect the "heart." We want women of generous spirit and true sympathy. Without this our training will fall short of its high aim. Read at the C.A.N.E. Convention, 1920.

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## A Little of Everything

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### The Nurse

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The world grows better year by year, because some nurse in her little sphere puts on her apron, grins and sings and keeps on doing the same old things, taking the temps., giving the pills, to remedy mankind's numerous ills; feeding the baby, answering bells, being polite with a heart that rebels. Longing for home, and all the while wearing the old professional smile. Blessing the new-born babies' first breath, closing the eyes that are still in death; taking the blame for the doctor's mistakes. Oh, dear! What a lot of patience it takes! 'Going off duty at seven o'clock! Tired, discouraged, just ready to drop, but called back on special at seven-fifteen with woe in her heart, not to be seen. Morning and evening, noon and night, just doing it over, hoping it's right. When we lay down our caps and cross the bar, dear Lord, will you give us just one little star to wear in our crown, with the uniforms new in the great ward above, where the head nurse is You?

—*Toronto Globe.*



## The Next Thing to Do.

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Now that women have been given a place in the political life of the country, it gives one who thinks even a little bit some very serious moments, and although I do not mean to say my thoughts are worth giving to others, a few that came to me on leaving a meeting not long ago might perhaps make someone who could think something worth while agree with me that women at present are too personal—that, although wanting big things, they are like the dog in the fable taking the shadow for the substance, and not able to leave the personal feeling out.

Looking back over the history of the world, the great things that have been accomplished by men have been through tribulation often, and friends have at times become enemies, when a little understanding could have made things clear, and have peace instead of war.

Are we as women not going to show men that we have learned the better way? Let us have our differences of opinion, for, if we have minds to think with, we must have differences, but, when a point has been thrashed out and won, let the opponents remain friends and not carry the difference arising in a meeting into the social side of life. When we learn this, we have gone a long way on the road to becoming good citizens; when we put the good of a cause first and are ready to sink our own personality for the good of that cause, caring not at all to whom is given the credit so long as the community at large benefits, by the action taken or deed done; when we can extend the hand of good fellowship to all who are working for the good of mankind with no personal animosity coming in; then, and not till then, have we any right to feel we are fit to take part in the government of the country.

Watching one evening a golden sunset from across a harbour where there was nothing to be seen on one side but mountains and on the other a valley, the harbour between just a path of gold stretching up and covering the mountain tops with gold—no crimson, just pure gold—one of the thoughts that came was this: We women are now in the valley of hope. The way across the mountain tops we hope to reach is golden with the big promise of success at the top. But over that golden road only pure motives and strong endeavour will carry us. For the God of Love, Who reads us all aright, teaches that Love, not hate, is going to be the power by which woman will win her way and make the world a better place for those who follow her across the golden road to the mountain-tops of success. For only on the hilltops will come the big vision of the things unseen—the Christ vision which will revolutionize the world.

SIBELLA A. BARRINGTON.

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## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,

Curator of the Medical Museum, McGill University

### Announcement to Readers:

(Owing to an unfortunate accident in the mails and a subsequent misunderstanding with the printers, the proof of the lecture on this subject published in the March issue of the CANADIAN NURSE did not reach the author and was, therefore, not returned corrected before publication. The account published on this subject on page 140 had therefore not been vised by the head of the British Nursing Service, and is, therefore, not official, although the facts stated are all substantially true. The manuscript on this subject was returned by Lt.-Gen. Sir A. H. Goodwin, D.G.A.M.G., corrected and largely re-written by Miss Beadsmore Smith, G.B.E., R.R.C., Matron-in-Chief of the British Army Nursing Service.

We have great pleasure in publishing below this official account of the subject, with apologies for the erroneous statement made in the last issue that the account there published was officially authorized, and with grateful acknowledgment to the kindness of Lt.-Gen. Goodwin and Miss Beadsmore Smith for supplying us with this most interesting statement of the facts.)

### LECTURE X.

#### SECTION 22.

#### NURSING IN THE GREAT WAR.\*

(a) *The British*, (b) *The Canadian*, and (c) *The American Army Nursing Services*; (d) *Edith Cavell*, and others.

#### (a) THE BRITISH NURSING SERVICE.

This service, which is now known as the Queen Alexandra's Imperial Military Nursing Service, is a part of the British military system, and works with the Royal Army Medical Corps, in which Corps are enrolled the male nursing personnel of the army, who are trained under the officers of the Royal Army Medical Corps and specially qualified members of the Queen Alexandra's Imperial Military Nursing Service. These male nurses are men specially selected from the Royal Army Medical Corps, who receive a systematic training for three years and are required to pass examinations at the conclusion of each year of training before obtaining the certificate of efficiency as fully qualified male nurses, eligible for enrolment on the State Register as such.

During the late war, members of the Queen Alexandra's Imperial Military Nursing Service staffed all British military hospitals—from the casualty clearing station to the base. They had full authority and status in the discharge of the duties of their posts, and became the recipients of the highest honours which could come to women. They did not, however, receive relative rank, though graded for allowances on the officers' scale; and they retained their professional titles of "matron," "sister," and "staff nurse."

The British Army Nursing Service dates from the Crimean War,



when public opinion was attracted to the valuable services rendered by female nurses to the sick and wounded soldiers in the Crimea in 1854-1856; Miss Florence Nightingale being the pioneer of the employment of female nurses in military hospitals.

On the 3rd February, 1866, a Royal Warrant provided for the regular appointment of female nurses to any military "general" hospital. The first lady superintendent was appointed at the Royal Victoria Hospital, Netley, in 1869; and, since 1878, female nurses have been employed in the army; but it was not until 1881 that the Army Nursing Service was inaugurated.

In the South African campaign of 1881, and in the Egyptian campaign of 1882, army nurses served in the hospitals for British troops. After the South African war of 1899-1902, the British Army Nursing Service was re-organized under the presidency of Queen Alexandra, with the title of the "Queen Alexandra's Imperial Nursing Service;" an auxiliary branch being then formed for the nursing of the wives and families of the soldiers.

On the outbreak of the European war in 1914, the Queen Alexandra's Imperial Military Nursing Service consisted of 300 regular members, and 200 members of Queen Alexandra's Imperial Military Nursing Service Reserve; a further reserve of 800 members from civil hospitals being earmarked for enrolment in the event of war; so that in August, 1914, 1000 reserve members were at once available for duty, and steps were taken to augment this number by fresh enrolments, 10,000 members being enrolled during the war.

The regular members of Queen Alexandra's Imperial Military Nursing Service are women of high professional, social and educational status, selected for their special qualifications; and from their ranks were largely drawn the matrons required for the various British military hospitals in all overseas commands during the war. The reserve members of the service were called up for duty in the rank of sister or staff nurse, according to their experience and professional qualifications; some of those members who had previously served in the service joined in the rank of matron.

The matron-in-chief at the war office throughout the war was Dame Ethel Hope Beecher, G.B.E., R.R.C. She was responsible for the organization and administration of the Queen Alexandra's Imperial Military Nursing Service; its reserve; and all nurses working with this service who were required for home service and all overseas commands; as also for all hospital transports.

Dame Maud McCarthy, G.B.E., R.R.C., held the post of matron-in-chief to the British Expeditionary Force in France. (Special mention should also be made of the war work of Dame Sydney Brown, G.B.E., R.R.C., perhaps the most distinguished nurse of any in her time. M.E.B.)

The uniform of the regular service is grey with a scarlet cape. The reserve members also wear a grey uniform with a grey cape bordered with scarlet.

An appeal was made in the colonies for trained nurses to serve in the Queen Alexandra's Imperial Military Nursing Service during the war, and about 600 nurses responded to the appeal and served in the United Kingdom and in all overseas commands, east and west.

In addition to the Queen Alexandra's Imperial Military Nursing Service and its reserve, a large number of the British army nurses employed during the war belonged to the Territorial Force Nursing Service (now the Territorial Army Nursing Service). The matron-in-chief of this service throughout the war was Dame Sydney Browne, G.B.E., R.R.C.

The number of nurses serving in the United Kingdom and with the expeditionary forces overseas was as follows:—Queen Alexandra's Imperial Military Nursing Service, 10,300; Territorial Force Nursing Service, 8,000; Voluntary Aid Detachment Nurses, and partially trained nurses attached to Imperial Units and serving under members of the Queen Alexandra's Imperial Military Nursing Service, and the Territorial Force Nursing service, 10,000: Total, 28,300.

#### BIOGRAPHICAL.

**Dame Ethel Hope Beecher, G.B.E., R.R.C.**, was trained nurse at the London Hospital when she was appointed sister-in-charge of an important surgical ward.

In the Boer war of 1899-1902 she was appointed from her training school for service in the Army Nursing Service and embarked for South Africa in 1899 as one of the Queen Alexandra specially Imperial selected Sisters for duty with the Army Nursing Service.

Mentioned in dispatches by the Commander-in-Chief from South Africa, and awarded the Royal Red Cross, 27th September, 1901.

In January, 1903, she was appointed principal matron in Queen Alexandra's Imperial Military Nursing Service at the war office, and was one of the pioneers in the re-organization of the Army Nursing Service when it became the Queen Alexandra's Imperial Military Nursing Service.

In 1910 she was appointed matron-in-chief, which post she held until August, 1919.

During the five years of war she was responsible for the administration and organization of the Queen Alexandra's Imperial Military Nursing Service and its reserve, which was increased from 300 to 10,300 trained nurses; and 8,000 partially trained nurses, to meet the requirements of the army at home and in all war areas.

Army nurses were despatched to France, Italy, Salonika, Egypt, Russia, Mesopotamia, India, and East Africa; and also to hospital ships and ambulance trains. On hospital ships alone nearly 1,000 nurses were employed.

For distinguished and devoted service during the war Dame Ethel Beecher was made a Lady of Grace of the Order of St. John of Jerusalem in 1917; and in 1918 was awarded a Bar to the Royal Red Cross.

In June, 1918, she was made a Dame Grand Cross in the Order of



the British Empire; and in 1920 a Chevalier of the Legion of Honour.

She retired from the Queen Alexandra's Imperial Military Nursing Service in August, 1919.

**Dame Maud McCarthy, G.B.E., R.R.C.**, now matron-in-chief, Territorial Army Nursing Service, was trained nurse at the London Hospital when she was appointed sister-in-charge of important accident and surgical wards.

In the Boer war of 1899-1902 she was appointed from her training-school for service in the Army Nursing Service Reserve, and embarked for South Africa in 1899 as one of Queen Alexandra's specially selected Sisters for duty with the Army Nursing Service.

Mentioned in despatches by the Commander-in-chief from South Africa, and awarded the Royal Red Cross on the 19th November, 1900.

In March, 1903, she was appointed matron in Queen Alexandra's Imperial Military Nursing Service, and in April, 1910, she was promoted principal matron in the Q.A.I.M.N.S., at the war office.

In August, 1914, Dame Maud McCarthy proceeded to France with the British Expeditionary Force, where, as matron-in-chief of that Force, she was, during the five years of war, responsible for the administration of the Army Nursing Service throughout France.

For distinguished and devoted service during the war she was made a Lady of Grace of St. John of Jerusalem; awarded a bar to the Royal Red Cross; made a Dame Grand Cross in the Order of the British Empire, and a Chevalier of the Legion of Honour.

She received the *Medaille Epidemies en Vermeil*; the *Medaille de la Reine Elizabeth avec Croix Rouge*; and the American Red Cross medal and certificate.

She retired from the Queen Alexandra's Imperial Military Nursing Service in September, 1919.

Was appointed matron-in-chief, Territorial Army Nursing Service, 28th June, 1920.

A report of the Territorial Service during the war, presented by Dame McCarthy on December 2nd, 1920, showed that 7,117 members were on active service; 2,280 served abroad. Twenty-four General Hospitals of 520 beds each, and each staffed by 121 members, had been established in its forces. Of the Units sent abroad, ten General Hospitals had been sent to France; three General Hospitals and one Stationary Hospital to Salonika; one Stationary Hospital to Malta; one General Hospital to East Africa; also, numerous members of the force were posted in casualty clearing stations, ambulance trains and barges, hospital ships, etc. There were forty-eight casualties. The gallant work of this service reached a very high standard, and a special medal known as the Territorial Force War Medal has been established by the King for its members on active

service from 1914 to 1919, who had volunteered before September 30th, 1914.

The Queen Alexandra Service and Reserve have a still larger record, over 13,000 members having been enrolled and numerous decorations received. So also the Queen Alexandra Royal Naval Force Nursing Service.

The youngest branch of the British Army Nursing Service is that of the Royal Air Force. This was formally established by Royal Warrant on January 27th, 1921. It consists, as in other branches of the British Service, of a Matron-in-Chief, Matrons, Senior Sisters, Sisters and Staff Nurses. It was in action through the latter part of the war before its formal establishment.

Slide 232. Miss Christine Cameron, R.R.C., Matron of the R. A. F. Hospital at Halton Camp, Bucks. Trained at the Royal Infirmary, Manchester; did private duty nursing and nursing in infectious diseases, and then was five years on the staff of the Princess Christian Trained Nurses' Home at Windsor. In August, 1914, was called up for duty as a member of the Queen Alexandra Reserve; on active service in France until 1918; invalided home and later joined the Royal Air Force Nursing Service; received the Royal Red Cross, the 1914 (Mons) Star, the Allies Medal and the Victory Medal.

Slide 233. Memorial Tablet to the Scottish Nurses of the Q.A.I.M.N.S., and the T.F.N.S., who died on War Service; erected in St. Giles' Cathedral, Edinburgh. Sculptor, Mr. L. P. Roslyn. At the top is a statue of St. Andrew and the Badges of the Queen Alexandra Imperial Nursing Service, and its Reserve, and of the Territorial Force Nursing Service. Below is the inscription—"To the glory of God, and in memory of the Scottish nurses who gave their lives in the Great War, 1914-1919." Bronze figures at either side below represent Courage and Patriotism, Peace and Sacrifice. The center of the tablet bears the names of the nurses who made the supreme sacrifice.

Views from a British General Hospital in France.  
(No. 8 B.E.F. Stationed at Rouen.)

Slide 234. The hospital-tents in summertime.

Slide 235. The hospital-huts in winter.

Slide 236. The Tommies' Ward. A Staff Sister is seen wearing the uniform of the Queen Alexandra's Imperial Military Nursing Service Reserve (Scarlet Cape; Dress without Apron, Military Veil); a Sister wearing the grey cape with Scarlet Border of the Q.A.I.M.N.S., and a Canadian V.A.D. in uniform, with the tied-back head-dress.

Slide 237. Tommies' Ward at Christmas.

Slide 238. Officers' Ward on Christmas Day. The uniforms of the Queen Alexandra's Reserve (Matron seated), Queen Alexandra's Nursing Service, and V.A.D. Nursing Member are seen; also a Ward Sister of the Territorial Nursing Service (uniform without cape).

Slide 239. Officers' Ward. For fractured femur cases. Showing support by Balkan beams.

Slide 240. Two patients in beds out of doors, with a Queen Alexandra's Sister and a V.A.D. Nursing member standing by.

(To be Continued)



## Editorial



### Annual Convention of C.N.A.T.N., June 19th, 1922.

The first announcement of the coming convention of the C.N.A.T.N. to be held in Edmonton has been received just as the magazine goes to press. Miss E. MacP. Dickson, the President, wires that the convention will open June 19th, 1922, with the morning of that day given up to meetings of the Executive Council and to registration of delegates. The formal welcome will be given later in the day. The two sections of the National Association—the Public Health Nursing Section and the Private Duty Nursing Section—will each be given two sessions for their special part of the programme, and one will be devoted to hospital administration. The Macdonald Hotel, a delightful, comfortable hotel, with a beautiful view from its rooms, will be the convention headquarters. An excellent programme is arranged, which we hope to be able to print in full in the next issue. The people of Edmonton, like the residents of every city where we have held our conventions, are hospitable to a degree that sometimes would interfere with business, and they have been requested by the National Association officers to limit their wish to entertain the visitors.

Information of the meetings of the C.A.N.E. will be published just as soon as received by the editorial office—presumably they will follow the C.N.A.T.N., taking the latter part of the week for their sessions. Remember June 19th—in Edmonton, Alberta—as the opening date.

Interesting as we know the programme for the coming conventions of the C.N.A.T.N., and the C.A.N.E., will be, still the great value to the nurses who attend and who send delegates will be given by the discussions and freedom of opinion expressed by those present. Each delegate ought to feel that she must be sure enough of the attitude of her association to be able to express herself in clear terms whenever a point is at issue. It is not always possible nor indeed advisable for delegates to be so bound down by the fear of their associations that they cannot speak unless they have had instruction, but the appointed delegate should be so conversant with the feeling of her association that she will know that what she says is the actual voice of the association. How many points come up as a meeting continues which some delegate wants cleared up, some definite point to bring up, and yet which she feels is too small, and so goes away with her mind still in doubt and with help at hand, if it had been asked for? Let us get away from the personal element and realize that we are not there as individuals but as representatives, and act in the best interests of those who sent us. Now that two branches of the profession have gathered themselves into sections, we do hope that at their

sessions matters may be more freely discussed than at former conventions. In each organization affiliated with the national it would help much if at one or two meetings previous to the convention time should be taken to consider points of interest to that organization, questions to be asked, and other necessary features of the education of a delegate prior to her trip. Many associations expect only attendance at a convention with a report of the meetings (which they can read for themselves in the *Canadian Nurse*) and forget altogether to ask her where she stood and what she got from the meetings themselves. There is much to be obtained from a meeting that is never found on the minutes of the meetings.

\* \* \* \*

The open season for graduation exercises is upon us, and the 1922 classes will soon be starting on their way. Did it ever occur to those in authority that it was passing strange that at these commencement exercises there is never a graduate nurse asked to address the class? Always a physician, sometimes a clergyman, rarely a layman speaking professionally, and never a member of the profession whose latest adherents are starting out in the world on their own. Surely there, if anywhere, the advice, suggestions and helpfulness of the graduate nurse who has been over the road the young nurse is just about to start upon would be most valuable. There might be a few less flowery remarks, a few less references to what nursing meant, given by those who know nothing about it from a personal experience, a few less quotations, such as "Be good, sweet maid," a few less outlines of the life of Florence Nightingale, in fact, a few less epigrams to "ministering angels," but there might be instead a straightforward talk of the ethical side of the work, the place she holds whether she will or not in the estimation of the public and where she is going to place herself in her future career. She might get a few practical points which, given by a veteran in the service, would have weight. Women can speak in public, as has been demonstrated; women do stand for higher things as well as men—why this discrimination at these exercises? After reading and listening to many graduation addresses, one can only be filled with regret that at such a time such should be given to our young sisters. Physicians who, at any other time, make scathing references to the shortcomings of nurses, scatter bouquets of flowers of oratory in praise of the work and calling of the nurse. One gleans a few words of practical help from some of them, as was seen in the recently published valedictory address given by Dr. Byers, of Montreal, but the lack of anything more than metaphorical pats on the back shows up clearly when one listens to our speakers on these occasions.

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#### Correction in C.A.N.E. Dept.

(Note)—Miss Shaw, Director of the School for Graduate Nurses, McGill University, Montreal, has asked that a correction be made in her account of the results of the first year's work. She states, "Mrs. Young did not go to Saskatoon as instructor in the City Hospital."



# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### Manitoba

Miss Elsie J. Wilson,  
798 Grosvenor Avenue,  
Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Quebec

Miss Lawrence,  
207 St. Catherine St. West,  
Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

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## Distribution of Milk in Toronto Schools

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That even a pint of milk a day materially improves a child's educational progress is being proved by the Home and School Council of Toronto. Assisted by the Board of Education and the Department of Public Health, they are distributing to those children who, without apparent cause, are below par physically—underweight or anæmic—a pint of milk to be taken at recess.

The experiment is being conducted on a medical basis. Malnourished children, who have no other physical defects than that of being underweight, are chosen by the school medical officer. The milk is given by the school nurse, by the teacher, or by children from the older grades. The distribution is not free. Each child pays not more than four cents a day. The amount which he can afford is determined by the nurse, and she, and the teacher, to whom the money is paid, are the only persons who know which children are paying, and which ones are not.

Along with the milk drinking, the children try to live according to health rules. These are emphasized by a weekly talk by the doctor. They are simple rules, within possibility for every child,—fresh air and plenty of sleep are the most important points. As an added incentive, a trim and official-looking certificate is filled in and given to each child as soon as he attains normal weight.

Nearly every child getting the milk is gaining in weight and general health. In one school where milk has been distributed since the middle of September, the average gain per child has been eight pounds.

The following account of the work in one of the schools illustrates more vividly than any formal description the results which are being attained by the experiment:

We have found milk distribution in the schools to be a splendid incentive to co-operative work, and perhaps the most generous of all is the co-operation of the child. Many children have come to the nurse asking if they may have milk—actuated by various motives, laudable or otherwise. Anyway, they come—but some have to be refused on account of some uncorrected defect. Norman has come to the medical service room more than once, but his slip on the file shows, even if it were not sufficiently evident, that he suffers from defective nasal breathing—and nothing has been done. The nurse has already paid several fruitless visits to Norman's home, but knowing that now she has the boy's co-operation, she made another attempt with better results. She hopes soon to see Norman rejoicing in improved health and brightened mentality; no longer in the industrial class, but taking his place in his normal grade—also getting milk.

The nurse had paid several visits to a foreign family to induce the mother to take Nettie to see a doctor about her throat. Nettie is a thin little wisp of a girl, with small, peaked face, dull eyes, and enlarged tonsils. On occasion of the nurse's visit, Nettie had acted as an unwilling interpreter. Of course, no action followed. But now, milk is being given out at school—Nettie could join the happy throng if it weren't for these tonsils. One day lately, the nurse met several children on the street, as happy as if they were returning from a picnic—"Oh, nurse! Nettie has just been to the hospital, and she is to have her tonsils out on January 11th." Nettie herself brought up the rear—a satisfied expression on her small face. Doubtless she felt she was on the road to milk—and success.

The principal of the school says that Doris has improved markedly in manner, and in her school work, since she began to get milk at school. Before this, both were characterized by lassitude and indifference. The teacher of the primary grade joins in, too, saying that her young hopefuls are less apathetic. Milk seems to give them pep. It leads one to think that something must have been lacking in their breakfast.



Sometimes, not all the pupils who take milk are at school. Then, there are several bottles left. But don't imagine they are wasted! There are so many eager candidates that the teacher has to insist on something resembling order before selecting the fortunate ones.

One mother was sufficiently interested to pay a special visit to the nurse in the school to put in a plea that Jimmie get milk at school. But, Jimmie had big tonsils and breathed through his mouth. The matter was discussed thoroughly. Jimmie now has an appointment for operation—a result much appreciated by Jimmie's teacher.

Mrs. M——told the nurse she was sure Irene couldn't be persuaded to drink milk at school. She just wouldn't look at it at home. But Irene was pale and under-weight, and she was given milk at school. We have yet to see her turn it down. We hear she is also taking milk at home. One good habit established!

The nurse was requested to give some stories, illustrating the happy results of giving milk out in the school. She turned to the principal for assistance. He laughed,—“Oh! you don't need any stories. Just the satisfied expression on the children's faces as they imbibe the milk is sufficient proof.”

B. A. ROSS.

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Miss Fitzgerald, formerly director of the nursing section of the League of Red Cross Societies, spent a week-end in Toronto while on her way to the Phillipines, early in February, in order to gain an insight into the public health activities of the city. While in Toronto, Miss Fitzgerald was guest of honor at a tea given by the public health nurses of the university, at which many interested in public health affairs were given the opportunity of becoming acquainted with the distinguished visitor. Miss Fitzgerald leaves for the Phillipines with our sincerest wishes for success in her new endeavors.

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Early in February, Miss Kathleen Olmstead, Public Health Nursing Service, International Red Cross, Geneva, communicated with Miss Jean Browne, until recently Director of School Hygiene, Provincial Department of Education, Saskatchewan, requesting that public health nursing activities be represented at an exhibit which is to be held in Geneva during March. Miss Browne wrote to Dr. Ruggles George, Ontario division of the Canadian Red Cross Society, suggesting that the public health section of the C.N.A.T.N. might contribute something to the exhibit. The secretary of the section immediately wrote to each provincial representative asking that material such as maps, charts, literature, etc., be sent to Dr. George before February 25th. Although the time was short, the response from several of the provinces was most gratifying.

## Nature of Milk as a Food

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Milk—The Indispensable food for growing children.

Milk is often stated to be a perfect food. By this we mean that it contains all the essential elements for normal human growth and development.

The adequacy of a food or diet depends briefly on its constituents:

(1) Enough of the right sort of material to build up and repair the living tissues of the body. These body-building substances in the food are called proteins, and are found especially in milk, meat, fish, eggs, and in certain vegetables, notably beans and peas.

(2) Enough substances to furnish the required energy of the body, fats, starches and sugars are the children's chief energy foods, and are transformed in the body into energy for work and into body heat.

(3) A variety of mineral substances which are needed in the growth and functioning of the parts of the body, such as the skeleton, the brain, the blood, the teeth, etc.

(4) An adequate amount of certain substances whose nature is not yet fully known, but whose presence in the diet has been demonstrated to affect body growth in animals or man. These substances, known as vitamins, growth determinants, or the unknown dietary factors, are therefore essential elements in our food.

(5) No substance poisonous to the average individual, nor one which will not allow of normal digestive processes.

In addition, to be properly digested and of the utmost nutritive value, article of diet must also be of pleasing taste, palatable, and preferably of a consistency and appearance similar to the foods in ordinary use by the race.

Clean milk fulfils all of these requirements for an adequate food better than any other single foodstuff.

Milk is, then, in a sense, a complete food; if used as the sole food it will sustain life and allow growth. For this reason, milk—which in respect to all its ingredients ranks among the most digestible of animal foods—is so completely digested that there is practically no waste.

Milk is a source of energy, or, as fuel for the body, compares most favorably with other foods. The energy value of a quart of milk is about equivalent to that of a pound of lean meat or to eight eggs; as a source of energy cereals are, however, far cheaper than either milk, meat or eggs, and therefore cereal and milk is the ideal combination of foods to furnish body energy in children.

Calcium salts (lime) supplied in our food are necessary not only for bone formation but for the development of the important organs of the body, especially the glands of internal secretion.



Of all foodstuffs, milk is the cheapest and most abundant source of calcium, and milk also provides other important mineral salts, such as potassium and phosphorus. Therefore since growth is measured by bone formation, and since the child must have a steady, abundant supply of these essential minerals, milk should be included in every child's diet.

Milk may be given to the child in cooked form, as soup, weak cocoa, or flavored milk shake. If used as a drink, it should be taken towards the last of the meal, for many children will not take sufficient other food if they fill themselves up first with milk.

Milk is, then, the indispensable food for children, and whole milk in some form must be furnished them if the nutrition of the average child is to be maintained and if normal growth in height and weight is to be assured.

The rise in the price of milk, a rise due to the increased cost of production, has resulted in our large cities in a diminished use of milk, and has greatly disturbed the regular supply of milk for city trade. One way in which the price of milk can be controlled is by reducing the cost of distribution, or at least preventing its increase.

The nourishment of our children is the first duty of the nation. Every child from eighteen months to twelve years of age is better for having one and a half pints of milk in its daily diet. Since milk and milk products are a vital necessity for children and for the sick and wounded, the public should be made to realize that the children's need for dairy products should be assured. If necessary, the use of milk, cream or butter for adult consumption must be restricted. The average child to-day does not have enough of the right sort of food and cannot have its food cut down without grave danger of increasing malnutrition in our child population. Clean, fresh cows' milk is the best available form of milk for children.

Lowered nutrition in children means decreased vitality and lowered resistance to disease. If the nutrition of our children is impaired for any length of time, full juvenile development will be permanently arrested. Nor is the physical stunting of the race the only evil that serious undernourishment of our child population entails. Intellectual and moral abnormality are largely influenced by physical health, and a period of malnutrition among the children of Canada may easily be followed by a period of intellectual and moral deterioration.

Ultimate victory can come only to the nation that carefully conserves the stamina of its children, upon whom depends the future of the race.

In September, 1920, after making a general survey of all our pupils, we found a large number that needed attention concerning diet; suspecting them of being underweight, we asked the parents to send us as correct a weight of these children as could be obtained. We got good co-operation,

then found that a large number never had milk as their diet at home. Once more we asked the mothers if they were willing for us to furnish them with milk at school in the morning and afternoon. I obtained a large number of replies reading as follows:

"My child don't like milk, but would like if she could get it."

"My child will not drink milk at home, but will leave it to you."

"We can't afford the milk, as our family is large, but would like to see him get it at school."

and many others, each giving their reasons.

In October, we fed 54 pints of milk daily to 115 pupils; at present feeding 300 pints a day. Many of these pupils had never had milk at home or did not want to taste it. We explained to them the value it would be, also that they would grow strong and be better at their studies, and got them to drink it daily as they should, and found later that many of these pupils compelled their parents to buy milk and give it to them instead of tea or coffee.

In November we noticed that there were a number of these pupils that had their lunch at school, so we started to give them hot cocoa with their lunch. In the first place they did not want cocoa, because it was not good. They had it at home and did not like it, but we won them by giving it to the others, and they soon found out that it was good to drink, and soon after every child that had his lunch at school wanted it. We were not provided with accommodation to make so much, and we were forced to deny them their request, much to our regret. Many mothers came to find out just how we made the cocoa so they could make it at home.

We fed cocoa to 42 pupils. (Out of those 115 pupils that were drinking milk, I undertook to weigh six of them and watch what I could do concerning gaining weight); those 6 children, for their age and height, should have weighed 343 lbs. They weighed only 282 lbs., short 61 lbs.; the average gain of these six pupils, according to their age, should have been three pounds a month,—that is, the normal children. We did not think it was very much. They got a glass of milk in the morning and afternoon, and a glass of cocoa at lunch time.

The six children gained in weight as follows: November, 3 lbs.; December, 4 lbs.; January, 5 lbs.; February, 5 lbs.; March, 6 lbs.; April, 6 lbs.; May 5 lbs.; 34 lbs. in the year, or about  $4\frac{1}{2}$  lbs a month.

In the short time we had to try this experiment, we were convinced that it is a needed addition to the schools and would act beneficially both to their physical and mental development.

CLAIRE CAMPEAU, R.N.



## Minimum Standards for Public Health Courses in Canada

A copy of the following questionnaire has been sent to each provincial representative with the request that it be returned to the Secretary of the Section not later than May 15th:

A report based upon information received from the provinces will be prepared and read at the annual meeting at Edmonton. It is hoped that, as a result of discussion following the report, definite recommendations may be made to the C.N.A.T.N. concerning "Minimum Standards for Public Health Courses in Canada."

### QUESTIONNAIRE

1. What types of Public Health Nursing are at present carried on in your province? - all -
2. How are nurses selected for various types of public health nursing?
3. What training have they received?
4. Are the nurses of your province conscious of any weakness in their preparation for their work?
5. Have any public health organizations in your province set a minimum standard of training for nurses appointed by them?
6. Do you feel that this policy should be established? If so, state the requirements that should be set and discuss them.

#### Existing Conditions regarding Courses for Public Health Nurses in Canada.

(Kindly indicate method or methods of which you approve)

1. Opportunities for observation by public health departments without diploma.
2. Length of course—5 weeks, 4 months, or 8 months.
3. Type of institution or organization conducting such a course.
  1. A regularly established educational institution whose standards are understood, e.g., University or Technical School.
  2. Public health nursing organization.
  3. Departments of education.
4. Any special and indispensable requirements of the locality in which such a course is established, e.g., organized public health nursing strong enough to offer opportunities of true educational value to students.
5. Profession of director: Nurse, Doctor, or Sociologist.
6. Field work—Types of Field work: Half time given to field work, or one-third time to practice and observation.
7. Theory—Subjects: These are not all available in any one centre; which do you consider indispensable? An incomplete list is as follows:—History of Nursing, Public Health Nursing, Bacteriology, Preventive Medicine and Hygiene, Household Science, Principles of Teaching, Social Economics, Public Speaking, Principles of Modern Social Work, Psychiatry.
8. Public health courses have been established, when the following types of public health work are available, for field experience for students. How much of this do you consider essential?—Municipal Public Health Nursing, Victorian Order of Nursing, Private Organizations specializing in various branches of public health work.

M. MACKAY.

Secretary, Public Health Section, C.N.A.T.N.



## Private Duty Nursing Department



### Forward, Canada, to the Rescue of the Sick and Dying

A Nurse replies to Dr. Charles Mayo's article published in  
Sunday World and Pictorial Review.

Addie McQuhae.

"Nurses have lost sight of the real impulse of their profession"—thus speaks Dr. Charles Mayo, of Rochester, Minnesota. He continues: "Ministration to the sick and dying cannot be bound by hard and fast laws; they are the divine right of the poor as well as the rich. A prohibitive price cannot be put upon them, and that is what the nurses are doing;" and again, "the very rich may have efficient nursing because they can pay; the very poor can get the best of care for nothing in free wards of the hospitals; but if the present prohibitive cost of sickness for the middle class man continues he will be driven to pauperize himself; and nothing is so disintegrating to human integrity as pauperization. It lessens self respect and tears down the tissues of self reliance and self determination.

Can you think of a more disheartening predicament for a hard-working, right-living man, when there is sickness in his family, than to have to declare himself a pauper in order to be admitted to the free ward of a hospital? It is a peculiar alignment, too, putting as it does a bonus upon indigence, for the idle and useless, making no contribution toward the general good, get the best of care for nothing, while the industrious, who contribute toward the better standing of their community, and who could pay a reasonable fee, must go without or be classed as paupers."

And here is Dr. Mayo's solution for the care of the self-respecting, industrious, honorable man of high integrity but moderate circumstances, who has fulfilled every obligation to the very best of his ability, who has been the prop and stay of home and community and the good friend of his fellow men, and, when he is sick and dying because he cannot pay for the care obtained by the "rich for money and by the very poor because they can get it for nothing," this man's problem is solved by Dr. Charles Mayo in the following manner.

"Sub-nurses, nursing aids, etc., with less education and less training—girls who are contented with a fair wage and fair living conditions."



Everything seems to be fair except the results, and they undoubtedly would be very unfair to the sick patients. And this from Dr. Mayo, a man famed for retrieving patients from the "gray menace of the shadows." He may still retrieve the rich, because they apparently will have proper care, but, if he continues this mad and reckless scheme of thrusting the people of moderate circumstances into the hands of the half-trained and inexperienced, he will soon be known as a good ally of the undertaker.

This article is not only a gross injustice to the sick, but an insult to the womanhood of the country. A strange slogan for the twentieth century!—Less education, less training, for the great army of women into whose hands shall fall the sacred responsibility of the world's sick and dying. Dr. Mayo is surely inconsistent when he would, with ruthless hand, push the world's future nurses back into the very shadow of Sairy Gamp, while, at the same time, he contributes \$2,000,000 to the University of Minnesota for post-graduate work, where, I presume, the majority of the students must be men.

Oh, spirit of chivalry, where art thou?

He defends this contemptible scheme by announcing that "the educational standards for registration of nurses have gone beyond all reason," and that "the third year in the training course is little more than exploitation of the student nurses for the benefit of hospitals," assuring us at the same time that real nurses are born, not made. Yes, Dr. Mayo, real nurses are born, and is this not true also of real surgeons? Yet they seem to require a little education, and even post-graduate advantages. Real nurses are born—and I would not for one moment speak disparagingly of the noble work done by some women who are born nurses, and who have never been permitted to gratify their hearts' desire with a hospital training; these women know by instinct the right thing to do and say in a sick room, and are a never-failing source of strength and comfort. But among the young women of to-day conditions are different—a born nurse in almost every instance will reach the very best hospital she knows of, surmounting almost any difficulty for the "mark of the prize of the high calling." The very love of the work which she feels she was born to do will inspire her to the mightiest efforts to obtain the best possible instruction and to attain to the highest degree of efficiency. Do not delude yourself, Dr. Mayo, you will never get this type of young womanhood for the scheme you contemplate, for the only type of woman worthy of the holy trust of the great throng of people in moderate circumstances would scorn to satisfy her soul with the husks you offer.

I consider this a very slipshod and inconsiderate solution of the sick man's problem, and more—it is a sacrilege.

As I read this article consigning the sick and dying to the hands of almost anyone who will work cheaply, it seems to me like someone running pell mell into a sanctuary, and I feel like exclaiming, "put the shoes from off thy feet, for the place whereon thou standest is holy ground."

In my nursing experience I find that the rich man and the poor man, and the man of moderate circumstances, suffer exactly the same pain, are in the same danger, subject to the same complications, and to exactly the same discomfort and distress of body and mind. Then, in the name of Mercy, let each man have the same care.

But, exclaims Dr. Mayo, this is prohibited by the excessive fee of the graduate nurse. No one realizes this fact with greater dismay than the nurse herself, although we do not consider our fee excessive. We understand perfectly that people of moderate circumstances would find it too much to pay, especially in a case of long illness. A nurse's fees must of necessity be sufficient for her maintenance during the days or weeks when her work ceases, or when she is ill or compelled to rest, but expenses continue.

In addition to this, many nurses have home obligations. However, this article tells us of Dr. Mayo's \$2,000,000 contribution to the University of Minnesota. He knows, then, the joy of giving, "that it is more blessed to give than to receive,"—but he has forgotten that there is a great similarity in human hearts, and although no nurse has ever been able to accumulate \$2,000,000 to contribute to a good cause, yet thousands of nurses, if circumstances permitted, would, with joy unspeakable, contribute the very best service of which they are capable to those who cannot pay. But there is another solution of the sick man's problem—the nurse's solution this time and an answer to "the challenge of the future." Each city or community should maintain a staff of graduate nurses, to be paid for by taxation. These nurses should be paid a reasonable salary and given reasonable hours, and, when the man of moderate means is ill, he should have the care of a qualified graduate nurse hourly, daily, or twenty-four hourly, as indicated by the condition of the patient. Arrangements should be made whereby this man would pay a moderate fee to the treasury, leaving him entirely in possession of his self-respect; having paid his taxes, he only demands his right. We appeal to the medical profession of Canada, and to the people of Canada, to uphold us and co-operate with us in solving this problem of the "Efficient care or the sick."

Dr. Mayo refers to the Nurses' Union, saying it has become an "autocratic stronghold." We have no Nurses' Union in Canada, and, in regard to the nurses of the United States, I think he has made a grave mistake. That which he considers an autocratic stronghold is in all probability only a firm stand for the high ideals of the nursing profession, which are so strangely attacked at this time. The nurses of his country are in a position somewhat similar to the bricklayer of ancient times, during the reconstruction of the Holy City. When this man was ordered to come down from his work and attend to another task, he firmly replied: "I am doing a great work and I cannot come down." Courage! nurses of the Stars and Stripes; lift high the banner of Florence Nightingale. You are doing a great work, and you must not come down. Dr. Mayo



has, for the time being, lost sight of the real impulse of the Golden Rule, but when he discards his ideas of cheap care for the sick and haphazard education and training for the women of the country, and solves again the problem of the sick in moderate circumstances, having them nursed as he would wish to be nursed himself, remembering that it is the Divine Right of all, then let him approach the "autocratic stronghold" with an honorable and just proposition for the efficient care of the sick, and he will doubtless find that the real impulse of nursing has not been lost sight of after all. He has overlooked it because his eyes have been too near the ground. Look up, Dr. Mayo, and on the heights in deathless bloom you will see the immortal flower of the real impulse of the nursing profession.

A firm address on the subject of economy from the pen of this great but erring man would be greatly appreciated, if directed in the proper channel. Good advice to those in a full measure of health and strength. A simpler mode of life, of dress, of food, and home, and the intensive cultivation of the spirit of contentment. But when we solve the problem of the sick and dying,

Arise! O Canada,  
let the whole nation break the alabaster box and pour forth the precious ointment for the alleviation of the pain of the world.

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## Department of Nursing Education

Conducted by the Canadian Association of Nursing Education



### The Lack of Training in Psychology and Psychiatry for Nurses

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"I will do all in my power to maintain and elevate the standard of my profession."—Excerpt from the Florence Nightingale Pledge.

The caption of this paper is designedly critical. As Canadians, we have in common with other communities passed through various stages of improvement so far as our nurses' training is concerned; we have long heard of the well merited success that graduates of our schools have attained in the country to the south of us; the war record of nurses trained in Canadian Hospitals is assuredly one to which all can point with gratification and pride. Yet in far too many of the vast training schools in this country it is the truth that no time, or at best very little time, is allotted to the study of a most important subject, that of Psychology and the Psychoneuroses, and how the unfortunate sufferers from mental ailments should be nursed.

"Comparisons are odious," but nevertheless they are frequently most instructive sources, and a review of this matter proves that a large number of the best training schools for nurses in the United States deals with the problem of instruction in psychoneurology much better than do we. It is merely begging the question to pronounce that in many hospitals there, psychopathic wards are an integral part of the general hospital. What would have been thought of the curriculum of a hospital in Canada, say twenty years ago, which excluded any but the most casual reference to the study and nursing of pulmonary tuberculosis? At that time, however, few separate pavilions connected with general hospitals existed for the reception and treatment of patients suffering from this disorder.

While the inclusion of a psychopathic ward or pavilion in connection with a general hospital is desirable and the ideal manner in which to furnish training in the subject to nurses, it is true other means are at hand or within reasonable reach of most of our important training schools. Nurses are sent in groups to learn maternity nursing, and that for contagious diseases in other hospitals a relatively more intensive training in these subjects being given there; details of similar arrangements could be comparatively easily worked out with the various provincial hospitals for insane, and possibly Federal institutions, also, where returned soldiers (mental cases) are cared for, were it tried. Failing that, a didactic course in psychology and psychiatry would at least be better than nothing, but even this is seldom attempted.

Unfortunately the facts are these: mental disorders and the psychoneuroses are not understood nor are they regarded by the untrained as an attractive study. Neither, for that matter, is syphilis, but those in charge of the training of nurses, and the directorates again in charge of them, face the matter squarely and agree that as this falls within the category of the ills that "flesh is heir to," i.e., physical ills, the nursing of it shall be thoroughly taught, loathsome in some of its manifestations though the disease may be.

But for disease of the mind, which sometimes, though by no means invariably renders its victim a danger to himself or others, by reason of irresponsible acts, those who direct the educational policies of our hospitals take a very different view. It is a view, deplorably, that comports more with tradition and the illiteracy so often accompanying tradition, than with enlightenment and progress. It is the view that regards those mentally afflicted as a class apart, that causes the holders to always refer to the insane as "they," presupposing that insanity besets all its sufferers in the same degree, taking no thought of the countless variations from normal which the mind may show. Those who have this viewpoint literally KNOW NOT. It is this view of insanity more than any other factor, held by so many intelligent people, that has in the past generation, and bidding fair to do the same in this, retarded the scientific study and eventual alleviation of mental obliquity in all its forms. Ignorance, fear,



therefore disinterest, aloofness, inaction. This postulate is absolutely general, and is a cap which fits the heads of individuals, governments, and educational bodies alike with equal comfort and satisfaction to the wearers; it is sad indeed to record this fact.

What are the advantages of a nurse knowing psychology, and how it may be affected both in disease of the body and of the mind? To consider the obvious first: Every nurse by her experience knows the effect on her patient's mind of physical pain, ere she has proceeded very far along the path that leads to her repeating the words heading this article. She learns that the mind of her patient shows marked changes, under severe or prolonged bodily suffering. She knows that reasonable, intelligent beings subjected to it for a sufficient length of time show entirely different emotional reactions to those they show in health, and that the will power, too, may be impaired to a surprising degree by it. Further, many of the intellectual processes may be rendered retarded, benumbed, or virtually in abeyance, so that in all spheres of the psychic entity the sufferer may at times present psychological and emotional anomalies not very far removed in type from those seen in the actual psychoses or insanity.

Again, no nurse is so dull but that she soon comes to realize that the patient's mind, more particularly his emotional tone, has a surprisingly powerful effect on his bodily condition; how often she sees a marked change for the better occur in her patient due to some encouraging factor put in the patient's mind by the physician or herself? It is a daily experience to see physical improvement follow the raising of the patient's emotional level, or to see the reverse, viz., physical changes for the worse result from the effect of depressing influences.

In a manner these simple facts, matters of common knowledge, are turned to good account by nurse and physician. It is in essence the application of psychology to nursing, done in fifty ways daily by these guardians of the sick. That, indeed, is the whole crux of the matter; here is a weapon in the armamentarium of nurses, namely, psychological influence, the power of suggestion, and it is used today in most of our schools in an amateurish, even if in many instances, partially satisfactory manner. Is it conceivable that if the general nurse were trained in the principles of fundamental psychology with the consequent broadening of her knowledge, she would not be able to apply the very aids she now uses solely by instinct, with greatly enhanced effect? As well tell her to procure a pennyworth of lead water, so many drops of laudanum, then turn on the water tap a moment, and, given a bit of old blanket, fatuously regard her as thoroughly trained in all pertaining to the application of a lead and opium compress. No! that rule-of-thumb method is long past in the modern nurses' training, save, it seems, in the most important attribute of humanity in health or disease, viz., the mind!

It is the writer's conviction, after twenty years' experience with the insane, and as a teacher of psychiatry for many years, that the numeri-

cally large and intelligent body of our Canadian nurses-in-training should be well versed in the study of the mind, how it is affected in bodily disease, and as well in disorders not due to physical ills, but purely mental; how to interpret the danger signs of an oncoming psychosis, and finally how to nurse such cases once they have developed. This would in twenty, yes, in ten, years, result not only in a substantial number of recoveries in the psychoneuroses, which are not accomplished now, but would play its part in prevention of actual mental breakdown in many cases. Incidentally, the subject is a most interesting one from the standpoint of those who are learning it. The building up of the mind from infancy, experimental psychology, psychometry, the subconscious, psychoanalysis, the Freudian theories, the various psychoses, etc., if taken up in not too technical a manner, are studies engaging in the extreme.

To quote from the report of Dr. T. J. W. Burgess, medical superintendent of Verdun Hospital, for the year 1921:—

“Training in psychiatry is valuable, and no nurse who graduates from any standardized hospital giving general training but should have had the fundamental facts of psychology taught her, also the manifestations of disease of the mind and the necessary groundwork for the nursing of such cases; though subsidiary, it should be as much a part of her intellectual equipment for coping with disease as any other subject to which she devotes her time and study. Indeed in some respects she is indubitably lacking without such training; through it she can understand and take full, and feel repaid, advantage of the mental reactions of the patients to pain, to changes in their physical condition, and to depressing emotions induced thereby. Without such training in psychology she may, it is true, be a good nurse; with it, she is a better one.”

If they could, would not the thousands of those whose minds see as through a glass darkly ask of those who teach the art of nursing the sick, “Have ye with us kept faith?”

C. A. PORTEOUS.

Verdun, Que. March 11th, 1922.

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The experimental semester of the School for the Teaching of Preliminary Courses in Nursing Education was begun on February 2nd, 1922, in the engineering building, University of Pennsylvania, Phila., with an enrollment of sixty-six students from the training schools of eleven hospitals.

Miss Sara Murray, R.N., Educational Director of Training Schools for Nurses in Pennsylvania, and Chairman of the Joint Committee, presided.

The students were addressed by Dr. Simon Tannenbaum, President of the Philadelphia Hospital Superintendents' Association; Miss Alice Garrett, R.N., President of the Philadelphia League of Nursing Education; Miss Roberta M. West, Secretary-Treasurer of the Pennsylvania State Board of Examiners for Registration of Nurses; Miss Margaret Dunlop, President of the Graduate Nurses' Association of Pennsylvania, and Miss Anna Garrett, President of District No. 1, Graduate Nurses' Association of Pennsylvania.



Instruction is being given at the Drexel Institute on Mondays and Tuesdays in Nutrition and Cookery and Applied Chemistry by the regular instructors of the institute. In the engineering building of the University of Pennsylvania on Wednesday, Thursday and Friday, volunteer nurse instructors, most of whom are loaned by hospitals, are teaching Anatomy and Physiology, Elements of Psychology, Personal Hygiene, and Hospital Housekeeping; these subjects to be followed by Elementary Bacteriology, Drugs and Solutions, Bandaging, and History of Nursing, including Ethical and Social Principles.

This School is being supervised by a Joint Committee composed of representatives appointed by the Philadelphia Hospital Superintendents' Association, the Philadelphia League of Nursing Education, the Instructors' Section of the League, and the Pennsylvania State Board of Examiners for Registration of Nurses.

HELENE S. HERMANN, R.N.

Secretary-Treasurer of Joint Committee.

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The executive committee of the C.A.N.E. has asked that a committee be formed to consider the question of Y.W.C.A. work among student nurses. Many of us feel that there is a need in our training school for informal, voluntary activities which will help in the development of the religious and social life of our nurses. It has been suggested in various quarters that the Y.W.C.A. might be of great assistance in meeting this need, as it has done for other types of Canadian students.

The principal work of the above-mentioned committee is to find out how and to what extent this movement is developing in our training schools and to present a report at the annual meeting of the C.A.N.E. in Edmonton. We should be very glad if some of the schools who are really interested would see their way to beginning some definite work of this kind, if a need for such is felt among their nurses. The convener is most anxious to hear from anyone who is interested in this movement, and who can offer information and suggestions on the subject.

MURIEL A. MARTIN,

26 Summerhill Avenue,  
Toronto, Ont.





### **C. A. M. C. Nursing Service Department.**

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Matron-in-Chief E. C. Rayside, M.H.S., R.R.C., and Matron B. Smellie, R.R.C., spent a week-end at Ottawa recently as guests of Mrs. J. F. Kidd.

Matron Jean Stronach, R.R.C., Sydenham Hospital, Kingston, was also a recent visitor, later spending a week at London, Ont., with Mrs. S. M. Fisher (nee Nursing Sister N. C. McCurdy, A.R.R.C.).

Nursing Sister J. S. Calder, A.R.R.C., has been appointed superintendent of the City Hospital, Sydney, C.B. In charge of the Physiotherapy Department is Nursing Sister A. D. Allan, A.R.R.C.

Nursing Sister M. C. Macdonell, widow of the late Major W. S. Macdonell, D.A.D.M.S., London, England, is engaged in school nursing at Sydney.

Captain and Mrs. D. A. McLeod (nee Nursing Sister M. W. Stewart), who were recently married, are residing at Sydney. Also resident there are Mr. and Mrs. C. J. McNeil (nee Nursing Sister A. E. Handley).

Nursing Sister Laura Campbell is employed with the D.S.C.R., at Lancaster Hospital, St. John, N.B.

Nursing Sister Ada Benvie is taking the public health course at the university, Vancouver.

Nursing Sister E. G. Bagnall is the guest of her sister, Mrs. J. A. Rodd, Ottawa.

Nursing Sister Maud Bowan has been appointed night supervisor at Rome Hospital, Rome, N.Y. The superintendent of nurses at this institution is Nursing Sister A. G. Scott.

Nursing Sister F. H. Wylie, R.R.C., R.C.A.M.C., has recently been on special leave at Almonte, Ont.

Nursing Sister M. B. McNeil is engaged in social service work under the D.S.C.R., Cape Breton district.

It is regretted that a request for the publication in this department of the name and address of every member of the service cannot be complied with. Apart from the circumstance that space forbids, addresses in many instances are unknown.



Nursing Sister Eva Morkill, A.R.R.C., of D.S.C.R., Winnipeg, was granted a month's sick leave, which she spent in Vancouver as the guest of Mrs. John Mackenzie (nee Nursing Sister Isabel Mary Lord).

Nursing Sister Mrs. E. L. Bell, wife of Captain Bell, of Winnipeg, whilst visiting at Vancouver, was a guest at the Empress Hotel.

Mrs. L. A. Green announces the marriage of her daughter, Nursing Sister Monica Clare, to Major A. B. Slee, M.C., on Thursday, 2nd March, 1922, at Kuala Lumpur, Federated Malay States.

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## Hospitals and Nurses



### QUEBEC

#### MONTREAL

Miss E. M. Wright (R.V.H., 1908) is at present doing interesting work in the Dominican Republic. She was sent out by the American Red Cross to train women as nurses, and is superintendent of the Hospital La Humanitaria in La Vega.

Miss Florence Lochkart (1919) has joined the staff of the Soldiers' Memorial Hospital at Campbellton, N.B.

Miss Lenore Milton, who has been a head nurse since her graduation in 1920, has gone to Winnipeg, Man.

Miss Amy Moore (1921) is taking a post-graduate course in Hydrotherapy under Miss Anita Ross in the Ross Pavilion.

Miss Ethel Frances Murray (1921) has accepted a position in the social service department of the Alexandra Hospital, Montreal.

Her many friends will be glad to hear that Miss Eleanor Gardner (1919), who was recently operated upon for appendicitis at Ithaca, N.Y., has quite recovered.

Montreal C.N.A. A Bridge party was given by the association and the Edith Cave 1 Chapter, I.O.D.E., on February 14th. It was well attended, and the proceeds, \$174.00, was divided between the Chapter and the building fund of the C.N.A.A.

The Canadian Nurses' Association, Montreal, have started a building fund towards the erection or purchase of a new club house. Contributions of \$1.00 or more are asked from each nurse.

The senior class of the R.V.H. held a small bridge party on the 15th, when \$14.00 was added to the building fund.

#### ROYAL VICTORIA HOSPITAL.

The monthly meeting of the Alumnae was held on March 8th in the Nurses' Home, with Miss Goodhue, the President, in the chair. After the usual business, Miss Saxe, librarian of the Westmount Library, gave a delightful talk on some of the Canadian poets.

## WOMEN'S HOSPITAL.

The Alumnae Association of the Women's Hospital, Montreal, held a sale and tea on January 17th, 1921. The receipts were applied to the building fund. There is now under way a scheme to raise a mile of pennies. Books of \$5.00 are given out, these to be returned on Easter Monday. It is hoped that by this means a substantial increase will be made for this worthy object.

## SHERBROOKE

The annual meeting of the Sherbrooke Hospital Alumnae Association was held on January 10th in the Nurses' Home, and the officers for last year were all re-elected.

Miss Phoebe Blake has resigned her position in the United Hospital, Port Chester, N.Y., and has returned to the city and private duty.

Miss Amy Wood (1915) is on private duty in New York City.

The new diet kitchen in the Sherbrooke Hospital, donated by Mr. O. A. Norton, of Coaticook, Que., was opened to the public on February 25th, when tea was served by the ladies' committee of the hospital.

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## ONTARIO.

## KINGSTON.

The monthly meeting of the Kingston Chapter of the G.N.A.O. was held on February 7th in the residence of Sydenham Hospital, with the President, Miss Abernethy, in the chair. Miss Jamieson, President of the G.N.A.O., was a guest of the meeting and gave an interesting talk on "Registration." Tea was served by Miss Strong and her staff, and a pleasant hour was spent.

Miss Florence Hiscock (K.G.H.), who has a position in a Detroit Hospital, has successfully passed the Michigan State Board Examinations for her certificate of R.N.

The regular meeting of the K.G.H.A.A., held in the residence, was well attended; the President, Mrs J. C. Spence, in the chair. It is indeed gratifying to note the interest taken by the younger members in the association and its meetings. After the usual business routine the meeting adjourned.

## LONDON

At a well-attended meeting of the Victoria Hospital A.A., Mr. Fred. Landon, public librarian, gave a talk on the pageantry of parliament, sketching many of the curious customs of the Canadian House of Commons which have come down from the British Parliament.

An informal dance was held in aid of the War Memorial Hospital for Children under the auspices of the V.H.A.A. and the patronage of Dr. and Mrs. McKibbin, Dr. and Mrs. McFarlane and Miss E. Ross. The guests were received by Miss D. Hutchison, Mrs. Walter Cummins and Mrs. A. C. Joseph. The decorations were in purple and gold, the school colors, and a satisfactory financial result was pleasing to those in charge, who did so much to make the evening a successful social event.

Miss Jean D. Bryden (T.F.H.C., Weston) has accepted a position with the Atlantic Coast Line Hospital, Rocky Mount, North Carolina.

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## MANITOBA

## ST. BONIFACE.

The monthly meeting of the Alumnae was followed by a valentine social and shower in honor of Mrs. Lawrie (Phyllis Peyton), a recent bride.

A card party will be given by the Alumnae on March 17th in aid of the memorial fund.

A delightful tea was given recently in honor of Miss A. C. Starr, the retiring President of the A.A., at the home of Mr. A. Firby. The guests included many members. Mrs. R. W. Scott and Mrs. C. Clark presided at the tea table.

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## SASKATCHEWAN

The date for the annual meeting of the Saskatchewan Registered Nurses' Association, which is to be held in Prince Albert, has not yet been fixed. The annual meeting has usually been held during the week following Easter Sunday, but this year, at the request of a large number of the members, has been deferred until the dates of the annual meetings of the C.A.N.E. and the C.N.A.T.N. have been announced. It is hoped to arrange for the meeting of the S.R.N.A. the latter part of the week immediately preceding the national meetings.

Miss A. C. Cog (Swift Current Hospital) has recently joined the nursing staff of the King George Hospital, Winnipeg.

The March meeting of the Saskatoon Graduate Nurses' Association was held at the home of Mrs. G. Donald. The evening was spent in sewing, the association having arranged to assist the Red Cross Society in relief to needy families, especially where there are young children to be provided for.

Miss E. Stevenson (S.C.H., '20) has just returned to Saskatoon from a four months' holiday in Cozad, Nebraska.

Miss E. J. Thomas has recently returned to Regina, having spent the past four months visiting friends and relatives in England and Wales.

Miss Marie Fosberg (Grey Nuns' Hospital, Regina, '21) has recently accepted a position on the staff of the Shaunavon Union Hospital.

Miss Ruby M. Simpson (Winnipeg General Hospital, '19) who has, since 1919, been a member of the staff of the School Hygiene Division of the Department of Education, has been appointed director of the division, as successor to Miss Jean E. Browne. Miss Simpson is well qualified to undertake such important work, and her many friends extend congratulations and best wishes for her success. Miss Simpson's headquarters are now in Regina.

Miss Dora Hettle, of Saskatoon (W.G.H., '18), paid a visit to the sanitarium at Fort Qu'Appelle recently. Miss Hettle, who has for some time past been on the nursing staff of the Wadena Hospital, has, owing to ill health, been forced to resign her position.

Misses E. G. Craig and Violet Wright (W.G.H. graduates of '17 and '19) spent a short holiday during January with Mrs. E. Truemner (W.G.H., '17), at MacRorie, Sask.

The University of Saskatchewan has just announced the successful completion of the one year of training as nursing housekeepers of the following seven students: Dora E. Bidlack, Margaret Friebel, Mary E. Leslie, Elberta Marvin, Lena M. Robart, Myra M. Schurman and Margaret G. Shaw. Certificates have been issued to these seven students; other members of the class will receive their certificates later in the year. The institutions in which the students were in training were the Hospitals in

Eston, Kindersley, Dodsland, Lampman, Wakaw, and the Saskatchewan Sanitarium at Fort Qu'Appelle. During the present year it is expected that a much larger group of students will be received.

A summer session for nurses is under consideration by the University of Saskatchewan.

Following the recommendation made by the Nurse Education Committee of the Saskatchewan Registered Nurses' Association, the University of Saskatchewan has been asked to arrange for a summer session for nurses in "Teaching Methods in Training Schools for Nurses." While definite arrangements have not yet been completed, the subject is being considered by the university, and, if a sufficient number of nurses show themselves interested in taking this course, the university will arrange, if possible, for such a session this coming July. Nurses interested in this course are asked to communicate with the secretary of the Saskatchewan Registered Nurses' Association.

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## ALBERTA

### EDMONTON

Ten registered nurses are taking the public health nursing course at the University of Alberta: Misses Bean, Libby and Reid, graduates of the Royal Alexandra Hospital; Misses Masson and Sleeth, of the General Hospital, Edmonton; Miss Steeves, of the Royal Victoria Hospital, Montreal, Misses Slattery, McConachie, Lamsdale and Richardson.

The new wing of the Royal Alexandra Hospital, Edmonton, was formally opened on February 28th, and is being filled with patients since the doors were open.

Her many friends will be pleased to hear that Miss Conlin, who met with an accident last autumn while on duty in the Pouce Coupe district, was recently allowed out of bed and is slowly convalescing.

Miss Martha Morkin, of the P.H.N. staff, is also recovering from the effects of her accident.

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## BRITISH COLUMBIA

### VANCOUVER

The regular meeting of the V.G.H. Alumnae was held March 7th. Reports were given of the Dance Committee and the Sick Benefit Committee with discussion of plans for layettes for China, and for raising funds for the national memorial fund for overseas nurses.

Miss Dorothy Jolliffe, V.G.H., 1920, has recently assumed charge of the operating room, Golden Gate State Hospital, Los Angeles, California.

The regular meeting of the V.G.H.A.A. was held in the Nurses' Home on March 7th. Reports of the dance committee were given, showing a substantial balance on hand, which will form the nucleus of the sick benefit fund. Other general business was discussed. Officers elected for the ensuing year are as follows: Hon. President, Miss K. Ellis; President, Mrs. Spicer; 1st Vice-President, Miss M. Currie; 2nd Vice-President, Miss McLean; Secretary-Treasurer, Miss M. Harris. Executive Committee, Misses McArthur, M. Bond, E. Boulton, H. Smith, H. Rice and G. Dawe (convener); Social Committee, Miss E. Knight, convener; Programme Committee, Miss H. Bennett, convener; Sick Visiting Committee, Miss Snelgrove; Canadian Nurse representative, Miss H. Rose. Regular meeting First Tuesday of each month at 8 p.m.

Misses Rhodes (1912) and Milne (1914) have joined the staff of the Hospital at White Horse, Yukon.



Miss E. Craig (1912), who has been nursing in Alberta for the past few years, is at present in Vancouver.

Miss Grace Dawe is at present in California.

#### VICTORIA

Mrs. Bullock-Webster, who, by the way, was the first nurse to graduate from the training school of the Provincial Royal Jubilee Hospital, has been re-elected president of the Alumnae of that institution. The annual meeting was held March 6th, when the officers were elected. 1st Vice-President, Mrs. Archer Johnson; 2nd Vice-President, Miss Helen McIntosh; Secretary, Mrs. Chambers; Treasurer, Miss Gurd. Fourteen new beds were purchased for the woman's ward at the Jubilee Hospital, which is the special work taken up by the Alumnae. \$75.00 was given for bedside tables. A campaign to enrol all graduates as members of the Alumnae is under way.

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#### BIRTHS

**Wright**—At Montreal Maternity Hospital, February 25th, to Mr. and Mrs. Herbert K. Wright (B. M. Cavanagh, R.V.H., 1911), a daughter.

**Hamilton**—At Massawippi, Quebec, February 20th, to Mr. and Mrs. T. Y. Hamilton (Muriel Boulden, R.V.H., 1916), a son.

**Dawson**—At Montreal Maternity Hospital, March 2nd, to Mr. and Mrs. Harold G. Dawson (Blanche Martin, R.V.H., 1918), a daughter.

**Ball**—At Victoria, B.C., January 29th, to Mr. and Mrs. Charles Edward Ball (Nell King, R.V.H., 1915), a son.

**Gillies**—At the Bute Street Hospital, Vancouver, B.C., on March 13th, to Dr. and Mrs. G. E. Gillies (Edith Blair, V.G.H.,) a daughter.

**Blair**—To Dr. and Mrs. William Blair, of Perth, Ontario, a daughter. Mrs. Blair was Miss Emma Moore (K.G.H., 1913).

**Kerr**—To Mr. and Mrs. Kerr (Ethel Simmons, K.G.H., 1919), a daughter.

**McKendry**—At Melfort, Saskatchewan, on December 28th, 1921, to Mr. and Mrs. McKendry (Anna M. Pufhal, Grey Nuns' Hospital, Regina, '19), a son (Russell Gordon).

**Hyde**—At the Toronto General Hospital, February 7th, 1922, to Mr. and Mrs. J. S. Hyde (C. Mildred Hunter, Vancouver General Hospital, 1917), a daughter.

**Davey**—On January 7th, 1922, in Sherbrooke, to the wife of Wilfred Davey (Alice Mitchell, 1913, Sherbrooke Hospital), a son John Mitchell).

#### MARRIAGES

**Martin-Royds**—On February 20th, 1922, at St. John's Church, by the Rev. John Antle, Dulcebella Royds (St. Paul's Hospital, Vancouver) to Mr. Leslie Martin. Both bride and groom served overseas.

**Winter-Phillips**—In Vancouver, February 13th, 1922, by the Rev. W. E. Kerr Dorothy Phillips (Royal Columbian Hospital, New Westminster, B.C.) to Mr. Arthur Winter.

**Hunter-Preston**—In Saskatoon, Sask., February 11th, 1922, Miss W. B. Preston (St. Paul's Hospital, Saskatoon, 1919) to Mr. H. S. Hunter.

**McCulloch-Blair**—On March 1st, at Steveston, B.C., Miss Blair (V.G.H., 1919) to Mr. Charles McCulloch. Mr. and Mrs. McCulloch will make their home in Armstrong, B.C.

**Johnston-Donkin**—At Montreal, in St. James the Apostle Church, on November 3rd, 1921, Gertrude O. Donkin to Dr. Guy Johnston. Mrs. Johnston is a graduate of the Women's Hospital, Montreal.

**Smith-Earl**—At the Metropolitan Methodist Church, Regina, on June 15th, 1921, Eva M. Earl (Webyurn General Hospital, '18), to Mr. L. T. R. Smith. Mr. and Mrs. Smith are residing in Melfort, Saskatchewan.

**Fowkes-Glenn**—On January 25th, 1922, by Rev. G. W. Savary (rector of St. James' Church), John T. Fowkes, M.D.C.M., Clayton, N.Y., to Madge E. Glenn (Kingston General Hospital), Kingston, Ont.

**Houston-Davis**—At St. Mark's Episcopal Church, Brooklyn, N.Y., on January 7th, 1922, J. Fred Houston, M.D.C.M., of Hamilton, to Marion A. Davis (K.G.H., '19), Kingston, Ont.

## DEATHS

**Kyle**—At Guelph General Hospital, February 24th, 1922, Olive Griffin (Guelph General Hospital, 1912), wife of Dr. Kyle, of Guelph.

**Lawrence**—At the Vancouver General Hospital, March 5th, 1922, Mary Helen Lawrence, graduate of the New York Hospital, New York City. Interred in Niagara Falls, Ontario.

**McPhee**—At Nanaimo, B.C., March 16th, 1922, Cecily Collishaw (Royal Columbian Hospital, New Westminster, B.C.), beloved wife of F. W. McPhee, M.D., of Nanaimo.

**Copeland**—At the Philadelphia Hospital for Contagious Diseases, March 4th, 1922, of lobar pneumonia, Miss Elsie C. Copeland, graduate of the City Hospital, Glasgow, Scotland. Miss Copeland was in the service of the hospital from July 13th, 1921, to the date of her death. Funeral services were held in Philadelphia, Penn., in the Westminster Cemetery.

**MacCarthy**—At Montreal, on November 17th, 1921, of meningitis. Mrs. MacCarthy was formerly Maria O. Quinlin, a graduate of the Women's Hospital, Montreal, in 1911.

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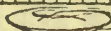
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Regular meeting first Monday at 8 p.m.

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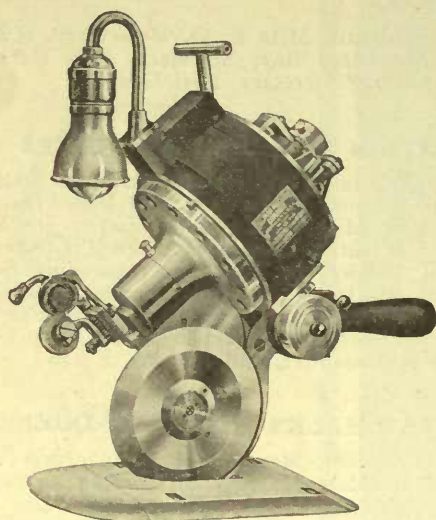
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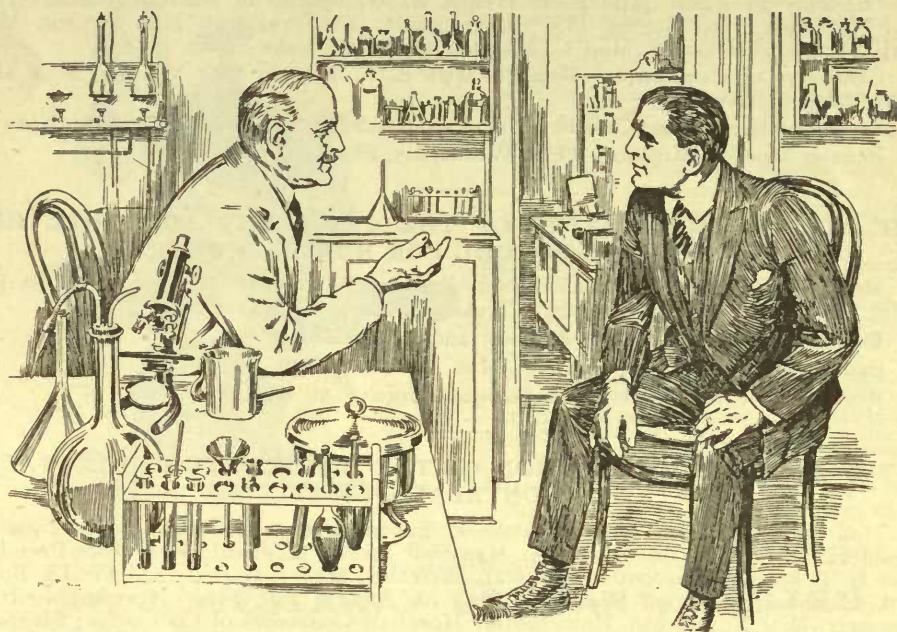
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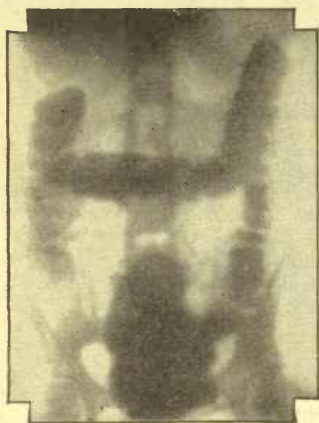
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Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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Vol. XVIII.

No. 5

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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

VANCOUVER, B. C., MAY, 1922

No. 5

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## Memorial Committee

MONDAY, APRIL 10, 1922

The regular meeting of the Memorial Committee was held in the Nurses' Residence of the Toronto General Hospital at 2.30 p.m.

### REPORTS FROM PROVINCES:

*Alberta:* Active sub-committees are at work in various parts of the Province. A good suggestion comes from Medicine Hat. Each nurse of that association promises to contribute the sum of \$10.00. If she feels that she cannot herself do this, she engages to be responsible for the sum of \$5.00 herself and to secure the remaining amount from some other source. Letters are being sent to Alberta nurses living in the United States.

*Saskatchewan*: Free publicity has been obtained in all the leading papers in the Province. Organization expenses are being borne by the S. R. N. A. The name of a Saskatchewan designer was submitted to the committee.

*Ontario*: Reports from certain alumnae associations that they have started work.

*Quebec*: The best report from the Dominion. Over \$1000.00 has been collected from the nurses in Quebec City. Considerable publicity has been obtained in both English and French press.

*New Brunswick*: Reports progress in organization.

*Prince Edward Island*: A verbal report was given by Miss V. N. Macdonald and two letters were read from Miss MacMahon. Together these explained the situation in Prince Edward Island. The nurses there will appoint a local committee and hope to do their share towards raising the Memorial Fund.

*Nova Scotia*: A verbal report from Miss V. N. Macdonald showed that progress was being made by the committee in Nova Scotia.

It was moved by Miss Dickson, seconded by Miss Mathieson, that the provinces should be reminded of the decision of the National Committee that collections were to be forwarded monthly to the National Treasurer.

#### PUBLICITY COMMITTEE:

Miss Mathieson reported a letter from Miss Randal stating that the Editor of the Pacific Coast Journal had promised free publicity.

Miss Mathieson also reported a letter from Miss Jamieson of Montreal, explaining that the French papers had been more willing than the English papers to give good publicity. The English papers had wished the nurses to spend money largely on advertising, but the nurses had not felt authorized to do so.

Correspondence was next read between Miss Dickson and Mr. Hunter, Deputy Minister of Public Works. Mr. Hunter wanted more detailed information about the nurses who had died overseas. Miss Macdonald has obtained the following from the American Nurse Corps: "Six died in line of duty abroad, and six in line of duty on home service."

We wish to congratulate those provinces that have made active progress in this work. Quebec City, true to tradition, is leading the nurses in this national undertaking; we should all be glad to acknowledge that leadership and fall into line rapidly.

Alberta's plan and the good publicity work done in Saskatchewan and Quebec are points of special interest.



FRIDAY, MARCH 24, 1922

A special meeting of the National Committee was held to receive reports from Mr. Darling, of the firm of Darling & Pearson, Architects, Toronto.

Miss Gunn presented the following report of her interview with Mr. Darling:

1. Mr. Darling advised that our Association appoint a business committee to collect designs and transact the business in connection with the carrying out of our purpose. The suggestion was that the committee should consist of three men, an artist, an architect, and a lawyer.

It was moved by Miss Macdonald, and seconded by Miss Stewart, that we accept Mr. Darling's offer to ask three Toronto men to form this committee. The same motion instructed the Secretary to ascertain what financial obligations we shall be assuming in accepting the services of the committee, and to ask Mr. Darling to the Annual Meeting of the C. N. A. T. N.

2. Mr. Darling had investigated very carefully the cost of this proposed monument, and now informed Miss Gunn that the estimate might be lowered considerably. He thought \$35,000 would cover the expense of erecting the monument. It was felt that this information would greatly relieve the anxiety of the Provincial Committees now trying to collect money. The extra expenses of the Committee and the paying for unused designs might bring our total expenditure up to \$45,000, but that should cover everything.

It was moved by Miss Stewart and seconded by Miss Hartley that we would wish the monument to present some visible expression of the nursing sister and her work.

A letter from Miss Potts was read, in which she consented to continue her work as convener of the Ways and Means Committee.

Two letters were read objecting to the Memorial taking the form of a monument. These were from Miss M. Shaw, of Quebec City, and Miss Beatrice M. Harvey, who gave no address. It was moved by Miss Dickson, and seconded by Miss Stewart, that we advise these two correspondents that their views will be discussed at the annual meeting, when the whole subject will be discussed.

E. K. RUSSELL, Secretary.

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"There's no work so tirin' as danglin' about, and starin', and not rightly knowin' what you're goin' to do next, and keepin' your face in smilin' order, like a grocer on market day."—*George Eliot*.

## Nursing Organizations

BY DR. W. E. MUSGRAVE,  
*Secretary, State Medical Society.*

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From the arrangements of your programme and from your invitation to speak to you upon the subject of "Nursing Organizations," I judge that you are desirous of hearing a serious discussion of this important subject.

Your invitation is accepted with due appreciation of the honour it confers, and I shall speak to you quite frankly about some phases of organization that are of concern to nurses; concern not only for the welfare of your profession, but for the betterment of medicine and public health in the interests of all of us.

What and wherefore are organizations? In this organization-mad era and prefatory to the consideration of our subject, it seems pertinent to get clearly before us the purposes and methods of really effective organizations. Then it is advantageous to examine and compare existing organizations with this best as it should be. After outlining these two points, my message would be incomplete without making constructive suggestions for improving what is now realized by all students as an unsatisfactory situation.

### *Nursing Organizations.*

Organization should express in a wholesale way what the individual members of that organization stand for in a retail way. The ethics, purposes and methods of the individuals should be embodied in mass action made effective by methods that have been proved to be adequate for their purpose.

To insure permanent effective organization it is necessary that the purposes, personalities and methods of the group of individual members are such that they can be blended into a common platform; it is necessary that there be a real field needing coverage by such an organization; that the platform be practical economically; that it may bid for and hold public confidence and support; that there be a place for it to fit into among other organizations, not only without injury to them but that it be of direct assistance in discharging the composite duties of the functional field covered.

Perhaps most important of all is the method provided to insure effective, economical, sympathetic discharge of functions and the recruiting, discipline and control of the organization's internal affairs. When we consider the purpose, methods, economies of contact of any group of the thousands of existing organizations in the light of the above definition, the outlook is not encouraging.



In the broad field of the healing art alone we have numerous organizations, the vast majority of which have no excuse for existence. They are expensive and time-consuming for their members, and by their existence and activities interfere with the proper functioning of essential and effective organizations. Most of them have been organized without due consideration of the field they were to cover; whether in fact their function deserved such recognition; and too frequently they only weaken the efforts of worth while organizations already fully covering the field.

It is enlightening and very much worth while, although somewhat depressing, for anyone to seriously study this situation as it is. The saddest part of this programme is, that most of these organizations are "paper" organizations, whose constitutions and by-laws are modified from some other unsuccessful plan. They contain few or none of the elements common to all successful organizations, whether religious, social, medical or financial, that have lived and justified their existence by the results accomplished.

The medical field—which of course includes nurses—seems to be especially prolific in developing and fostering useless and expensive organizations, many of them incompletely or unwisely conceived, loosely drawn, poorly managed and serving no useful purpose.

Of nursing and near-nursing organizations there are a considerable number. I have examined the objects, constitutions and by-laws of quite a few of them, and have studied the functions and methods of many. The result is not a happy conclusion. Many of them fail in a satisfactory statement of purposes that in inclusiveness or in definition meet adequately the legitimate demands of modern medicine and nursing. They do not outline with sufficient clarity the relation of nursing in all of its broad functions to other medical organizations, nor to the problem of health as a whole. And they do not provide adequate machinery to insure efficient, effective mass action that could initiate new activities or further develop those now in existence.

The failure to recognize nursing in all of its branches as an integral, inseparable part of medicine,—a great technical specialty of medicine—is to no small degree responsible for the unenviable position of these great humanitarian professions to-day. If nursing is not an integral part of the practice of medicine, then what is it? And yet both the medical and nursing professions have all but completely ignored this fact in their organizations. Is it any wonder that without common purposes in organization, under a single or closely affiliated control, a loss of touch or even disharmony between the individual physician and the individual nurse and between both and the patient occurs more frequently than it should?

The time is here when the physician cannot practice medicine as it

should be practiced without the assistance of the nurse and several other types of specially trained technicians. By the same token the nurse cannot render her service as it should be rendered in any other capacity than as co-worker and assistant to the physician. When she gets into any other field, she gets into dangerous waters, as many are now doing.

The various specialties of nursing are developing one after another, just as they have done in medicine. You already have recognized some half dozen specialties, and a new one is being split off ever so often. Some of these are necessary and are due to the normal evolution and expansion of your fields of activity. Others have no excuse for existence as independent groups.

Nurses are making the same serious mistake that the medical profession made years ago, by creating and organizing their specialties as something independent and apart from the parent profession. Instead they should be branches of the great tree trunk, inseparable from it and dependent upon it for sustenance. Each time a new specialty in medicine—including nursing—is developed and produces an independent organization, the strength and usefulness of the profession is definitely decreased and the cost of medicine and public health increased to the public.

Nurses, even more than physicians, both as individuals and under the guise of special organizations, are being used as agents of educational, political and social bodies and persons for purposes that are too often unsound or visionary. This too often to your disadvantage as individuals; destructive of your traditions and ideals; perverse of your efforts from the sound programme of public health to chasing rainbows in the form of social and psychological madness and pulling chestnuts from the fire for groups who know exactly what they want. Leading members of your association have brought this subject to my attention. Numbers of educated nurses have pointed out that, after years of special study and training and of practical and scientific experience second only to that of physicians, you ought to be doing fine constructive public health and curative nursing under guidance of competently trained medical leadership; but that many of you actually are taking orders from persons and organizations who know much less than you do of medicine and health and are not competent to outline your duties or direct your activities. This is a justifiable complaint that you discuss whenever you meet; you resent all that it means, and yet you have not the power as individuals, nor have you the character or organizations that can influence the situation.

Any relatively small group of persons can at any time add a new organization to the already bewildering number of those devoted to special limited and oftentimes comparatively unimportant problems of



health. Although the field may already be covered as adequately as the relative importance of the subject requires; although the methods proposed may be impracticable; although the organization may be without trained leadership and owe no allegiance to any of the existing agencies in other contiguous fields; still certain kinds of flamboyant artificial popularity are secured in many instances, and in a short time legitimate medical and health agencies have to contend tactfully and carefully with another group of muddlers, and the public must bear the expense in one way or another of a harmful luxury, the only excuse for which is to flatter the vanity of self-constituted health protectors who are not prepared in any way to accept such responsibility.

For any health agency to have more than temporary existence requires either the tolerance or co-operation of physicians and nurses. That so many are tolerated is a reflection upon the members of both professions and an indictment of organizations. This intolerable condition is recognized nationally by thoughtful men, and steps are now well under way to remedy this serious situation.

The great cost of the prevention and cure of disease is not due to extravagant charges for services rendered by members of the medical and nursing professions. Very few members of either profession are making more than a living. The question of whether a nurse receives \$5.00 or \$6.00 a day and what a physician receives per visit is almost unimportant compared with the hundreds of thousands of dollars the public is paying for the support of many useless and even dangerous organizations of one sort or another engaged in some alleged special health field and spending unwisely much of the vast sums which they receive from the public by donation and taxes.

The exploitation of medical, public health, nursing and allied professions, so necessary to even a pretense of success in this form of propaganda, is constantly on the increase. One wonders how long it will continue and where it will go before the rightful leaders in the prevention and cure of disease assume their proper place in direction and execution, instead of being, as they now are, to a remarkable extent in some states the followers of leaders who mislead, because of little knowledge, which is always a dangerous thing.

The remedy is, appropriate, unselfish, well conceived, well co-ordinated, well directed organization and co-operation of the devoted and well-trained profession of this special field.

The time has arrived also when all organizations and individuals pertaining to medicine and public health must have due regard to the public interest and particularly to the cost of supporting the preventive and curative health machinery. As now operated, with dozens and hundreds of independent elements, the public cost is far in excess of

what it should be, and it behooves all leaders to give serious consideration to this phase of our problem.

The multiplicity of small hospitals covering special and limited fields, with excessive overhead; the duplication of health organizations that are normal parts of any complete hospital; the setting up of health units as branches under all sorts of organizations as a side issue, many of which are exploiting both the medical and nursing professions and have not the confidence of either; and various other organization faults, will all be impossible when the agencies of medicine are operating as they should operate as a unity for the most efficient and economical handling of health problems.

The leaders of our profession engaged in preventing and curing disease are coming to recognize that they are all essential parts of the machinery required to function in their field, and they are expressing this sentiment in their organizations and reflecting it in their individual activities. When that movement becomes general and when at the same time several organizations are made to include the essential requirements for successful mass action, it is going to be good again to be a physician, and it is going to be good again to be a nurse, and both will come again into their just heritage in public confidence and love, and the health and happiness of the world will have taken another long step in advance.—*The Pacific Coast Journal of Nursing*.

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### THE NIGHT NURSE

Thro' the long watches of the night,  
When temps are lowest and pulses feeblest,  
When each small sound seems just *so* large,  
And tiny shadows rise and meet us.

Each bedside we visit quite often,  
Each treatment, in spite of the shadows and cold,  
Must be faithfully, religiously given,  
And we battle with Death's grim hold.

How few, dear people, or how many,  
Just know how it feels to be there?  
When the hours are long, our thoughts our own,  
And God, if we will, to take care.





## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,

Curator of the Medical Museum, McGill University

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### LECTURE X.

#### SECTION 22.

#### NURSING IN THE GREAT WAR.\*

(a) *The British*, (b) *The Canadian*, and (c) *The American Army Nursing Services*; (d) *Edith Cavell*, and others.

(Continued)

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#### (c) AMERICAN NURSING IN THE GREAT WAR.

(1) *Volunteer Help. The American Ambulance at Paris and the Western Reserve University Unit.*

*Remarks:* The Americans entered the World War in May, 1917; but long before this time, indeed from the very outbreak of hostilities, the sympathy of a large portion of the educated American public, especially in University circles, was keenly with the Allies, and an extensive organization was carried through for the making of surgical supplies, the raising of funds and the establishment and equipment, and, finally, the organization of the personnel of base hospitals for the relief of suffering France, or the assistance of their British Allies. The following account, kindly supplied by Miss Agatha Hodgins, of the first University Base Hospital so organized, namely, the Western Reserve University unit, which was sent to the earliest and probably the most celebrated of these American Hospitals in France, namely, the American Ambulance at Neuilly, may fitly precede the official account given below of the Nursing Service of the American Expeditionary Force.

In the fall of 1914 the officials of the American Ambulance at Neuilly, through the American Ambassador, the Hon. Myron T. Herrick, and Dr. Joseph H. Blake, on behalf of the Medical Board of the Ambulance, endeavoured to interest different American universities in the work of the ambulance. They were actuated by two purposes: first, that the various cities in which these universities were located might acquire a personal interest in the ambulance; and second, that

the universities might thus secure a first-hand knowledge of Military Surgery, which would be of inestimable value whenever the necessity for such knowledge should arise. Correspondence between Western Reserve and other universities enlisted the immediate interest of Harvard, Pennsylvania and Chicago Universities, each of which decided to take advantage of this opportunity, and in each surgical units were formed, from among which the Western Reserve University Unit was the first to go into service.

In the belief that the greatest efficiency would result from the service of men with similar training, the Director of the Unit selected men from among his immediate associates and from his staff at Lakeside Hospital, the remainder of the group consisting of nurse anaesthetists and nurses from the operating-room staff of Lakeside, with two additional members for special research.

This expedition was made possible by the generosity of Samuel Mather, Esq., who financed the organization, with the exception of the expenses of the Director and his associates. H. M. Hanna, Esq., also made a generous contribution, which was used for research. Mention should be made, also, of the generous gift of the Ohio Chemical Company, who donated one of the gas machines taken by the unit, while the American Express Company paid for the transportation of the gas to the pier in New York.

The Western Reserve University Unit sailed from New York on the SS. Adriatic, on December 28th, 1914. Their service at the American Ambulance terminated April 1st, 1915, when they were succeeded by the Harvard University Unit.

One of the important features of this service upon which special comment should be made, because of its bearing upon one of the most important phases of the work of Base Hospital No. 4, two years later, was the practical demonstration of the paramount value of nitrous oxid-oxygen anaesthesia in operations upon the wounded soldiers. The English and French surgeons were so impressed with the value of this anaesthetic that a French surgeon was ordered to the American Ambulance to receive instruction, and English nurse anaesthetists were also sent there to be taught by the chief anaesthetist of the Unit, Miss Agatha Hodgins. By special request of the officials of the American Ambulance, Miss Hodgins remained for a period after the return of the remainder of the Unit to give instruction to doctors and nurses.

The formation and service of this Unit marks the beginning of the University Unit plan of organization for military medical service, out of which the Civilian Base Hospital organization, adopted later by the American Red Cross, was developed."



Slide 245. Nursing Sister Agatha Hodgins, Educated in Toronto, Wellesley School and Harbord Collegiate. Took nurses' training in Boston City Hospital; post-graduate work in Boston Lying-in-Hospital, then came to Cleveland and took the position as head nurse of the Private Pavilion. After one year, took up anaesthetic work for Dr. Crile. In 1911, Dr. Crile, being appointed to the chair of surgery, Western Reserve University, and Chief Surgeon at Lakeside, appointed Miss Hodgins as Chief Anaesthetist of this hospital. In 1914 a "School for Anaesthesia" was established here by Dr. Crile and his staff, of which Miss Hodgins was made Directress. This has now become an important school, receiving pupils from all over the world.

Slide 246. Group: Dr. Crile and Miss Hodgins with gas apparatus in the Anaesthetic Room at the American Ambulance, with Sir Berkeley Moynihan and Mr. Braithwaite.

Slide 247. American Ambulance at Paris. The building of the Pasteur Lycée. In this volunteer hospital a splendid service was rendered to the French and Allies from the beginning of the war.

Slide 248. Ward at the American Ambulance. The blankets were of army blue and the tile floor of soft pink and white brick. Note the spacious character and orderly appearance.

Slide 249. Chapel at the American Ambulance, Paris. This was used by both Episcopalians and Roman Catholics. One denomination worshipping at one end of the Chapel, and the other at the other end. The picture shows the Roman Catholic altar.

(To be Continued)



## SIXTEENTH CENTURY WISDOM FOR 1922

"Home is everywhere to thee  
 Who canst thine own dwelling be;  
 Yea, tho' ruthless Death assail thee,  
 Still thy lodging will not fail thee:  
 Still thy Soul's thine own; and she  
 To an House removed shall be;  
 An eternal House above,  
 Walled, and roofed, and paved with Love.  
 There shall these mud-walls of thine,  
 Gallantly repaired, out-shine  
 Mortal stars;—no stars shall be  
 In that Heaven but such as Thee."

—Joseph Beaumont.



For a patient who is always losing her handkerchief and wants it "at once," try pinning a yard of baby ribbon to the left side of the nightgown with tiny safety pins, and fasten the handkerchief to the other end.

## Where to go for Money in Organized Work for the Sick

RICHARDS M. BRADLEY, BOSTON, MASS.

The organized service which the general public requires in connection with sickness and maternity has of late years been found to cover more and more new fields of effort, and has been found to require for its satisfactory accomplishment an increasing amount of specialized work, often involving expensive building and equipment, and calling for a continually enlarging personnel of workers.

While from these causes there comes an imperative call for much new money, at the same time the old work is costing much more than ever before. Meanwhile the supporters of our hospital and nursing work find their funds reduced by high taxation and business reaction, and are subjected to additional calls for assistance from all quarters of the world.

It is not to be wondered at that many old and tried institutions are finding it hard to carry on. Simultaneously with all this, an awakened public interest is finding itself deeply and fundamentally dissatisfied with much of this service as it has existed in the past, both because the service they have learned to want is insufficient and because of its charitable character. We, therefore, hear calls for state subsidies, state insurance, and public control of work that has hitherto been left to individual workers, or to self-perpetuating privately controlled philanthropic bodies. This dissatisfaction may be encouraged by demagogues and self-seekers, but it has a real basis in defects that are only too manifest.

A house to house canvas of a cross section of the people taken almost anywhere in country or city, showing what has actually happened to the people in sickness and maternity, will convince the most skeptical that there is a radical maladjustment between the people and the service that they should get, and that the machinery for getting the people to the service and the service to the people is not working satisfactorily.

Moreover, no one who has realized the honest repugnance felt by the ordinary plain citizen for the charitable or semi-charitable methods connected with much of the organized help available, can doubt the sincerity of those urging improvement.

We can sum up these complaints by saying that while technique is constantly being bettered and individual work in medicine, surgery and nursing is constantly improving, the application to the people of the knowledge and skill thus acquired is failing in efficiency. This state of affairs is bringing a call for various remedies that are probably worse than the disease, and, before we drift further into perilous waters, may it not be well for us to ask ourselves whether this palpable failure of satisfactory accomplishment in what is one of the most important fields of



human effort, is due to the peculiar nature of the work or to our own present methods of trying to accomplish that work.

Why is it that the great and important industry of caring for sickness and maternity should be in such a condition of unsatisfactory accomplishment, and of financial distress, that government operation and resort to the taxpayer should, to many persons, present an attractive short cut to better things?

Why should this be the case when not only are our public health officers fully occupied with the enlarged duties of their original field, but the public has just become pretty well convinced that in almost all other lines of human enterprise the extension of government effort is to be avoided wherever possible? Why is private enterprise in this particular field so inadequate, and so embarrassed financially, that increased government work is urged as a desirable alternative?

It is my conviction, after a long experience in trying to get things done by organized service for the sick, that this failure is not due to the peculiar nature of the service to be done, but to the peculiarly unsound way in which it is being done on its financial and business side. We have here what would be an absurdity were it not too often tragic in its results. We see a rich nation needing to have done a large amount of service, in connection with sickness and maternity. This work is perhaps the most important of all human services. It is a service that the nation evidently cannot afford not to have done; yet that service is being done in a most insufficient manner. We hear constant complaints that there is not enough money for it, while at the same time vastly greater amounts of money are being drawn from the pockets of the people for amusements, luxuries, and other things that are comparatively of little importance.

While technical efficiency in medicine, surgery and nursing is constantly increasing, we see for whole sections of the population the application of that improved service to actual cases becoming less and less efficient, while for other large portions of the people progress is fatally slow in getting the service to the cases, or the cases to the service. In this state of affairs we hear the call for two chief remedies, namely, a more extended resort to the government and to the taxpayer, and greater contributions from the philanthropist.

It is my suggestion that for a large portion of this problem neither of these methods is the true way out, and that the true way out is what has proved the normal, ordinary, and effective way for nearly every other organized effort to serve the public's needs.

That way is to expect financial support from the consumer, or, in other words, to offer the person to be served the service that he needs in such a form that he can pay for it, and to require him to pay for it.

To use a common business expression, it is about time for us to undertake to sell the necessary organized service, nursing, hospital and otherwise, to the consumer, and not to somebody else, and to undertake

to do this on sound business and financial lines suited to the needs and nature of emergency service.

The financial and business failure of our so-called system is not that of the professional workers in their own proper field, but of the business and financial men connected with this work who are failing to give it their business brains. It is a strange phenomenon that these men, in this connection, pursue methods that, as business and financial methods for accomplishing the purposes intended, are unworthy of comparison with the lowest standards of any other field of business effort.

It is true that of late years there has been some progress in accounting and in administrative economics, though there is room for much more, but this is not the fundamental trouble. That fundamental trouble has its origin in the fact that nursing and hospital work was originally organized to aid the pauper classes, and is still conducted with traditions and methods suited to the pauper and not to the people. These pauper classes were in former days regarded as a large and necessary part of every properly constituted community, and their existence, in the eyes of many good and devout people, was supposed to be called for by a sort of divine decree, declaring that poverty and dependence are a necessary factor in the production of benevolence.

The study of social science, and a more enlightened social and industrial system, has brought us to see that in this country, at least, this dependent class can be reduced to a comparatively small proportion of the whole, and it is neither necessary nor desirable to make that class a determining factor in the organized service of the sick. Old ideas, however, die hard, and the idea still holds sway that in connection with this work we are justified in the unnecessary infliction of benevolence upon our fellow beings, which act I sincerely hope will sometime be promoted to its proper place among the deadly sins, since it is as bad morally as it is financially.

At the root of our inefficiency is this medieval idea that charity is a controlling factor in organized therapeutics, together with the idea that the service of the sick and suffering, or of the helpless mother and child, is something more important and so appealing that the application of ordinary business method and common sense to its relief is a profanation.

I read only yesterday of some "big-hearted man" who had endowed a great specialized hospital where none but those unable to pay were to be admitted, as if disease and suffering were an exclusive possession of poverty, and as if his self-supporting fellow citizens had no need of highly organized service. The foundation provisions of some of our oldest hospitals are permeated with this same error, which has sapped their vitality and limited their usefulness to an untold extent. This provision of hospital and nursing service exclusively, or primarily, for the pauper has been modified nowadays into the "pay what you feel like" method, which is erroneously supposed to dispel the atmosphere of pauperization, but



largely fails in extending needed service to the independent classes. Morally, it is rather worse than the exclusively charitable method, because it is not straightforward; financially, it is also a failure.

Now, what the ordinary citizen calls for is neither charity nor indulgence. What he needs and wants is a pay envelope or a salary check sufficient to meet his daily needs, with a sufficient margin for emergencies, and he needs to have his emergencies so financed that he can pay for them from that margin. He has full appreciation for the philanthropic endowment that makes possible the great school, university, or hospital, or nursing organization, with a high standard of service open to the people on equal terms, but when he takes that service he wishes to go to the hospital, or to the nursing service station, as well as to the school, or to the university, with his head up, and on the basis of self-respecting equality with no favors asked.

What is it that is necessary in order to enable him to buy this service in this way? Simply the recognition that it is emergency service and that we must finance it accordingly on the benefit payment or insurance basis, as all such things must be financed if the ordinary consumer is to pay for them.

Disease and sickness are not expenses that come with regularity like taxes, rent and food. They strike here and there, but owing to the philanthropic fog that has clouded our financial intellects in this connection, we as a rule make no provision for that fact. If a salaried man or mechanic loses his house by fire and has no insurance, he is pitied for a fool by his neighbors, because they are educated to use fire insurance, but let him have two or three capital operations, or a severe epidemic in his family, and it is treated as an act of God, the probability of which apparently no human wisdom could possibly have foreseen. He must either partake of charity in some shape or suffer unassisted. There is no systematic effort to find out what it costs to give him this service and to offer him insurance against that cost. Yet such things are just as certain to occur as fire, and many of them are less preventable.

The way out for our own organized services, both nursing and hospital, if they would serve the whole people, is to put this emergency service of theirs into such shape that the people can pay for it; in other words, to sell it to the consumers, in the form of benefit payments for hospital and nursing service. There is plenty of money in the country for repairing a broken down motor and there is good service for that purpose on nearly every corner, for the simple reason that those who furnish it are able to do so since they get themselves paid for it.

I respectfully suggest that the same principle be applied to broken down bodies, and that you get your trustees and committees to diminish the swelling of their philanthropic pride, and apply a small portion of their good business brains to getting more of your expenses paid by the consumer through benefit payments and proper financing for emergency

work. Make them get to work and sell your hospitals, and your nursing, to your consumer in benefit payments. This is no pipe dream, it is done by the Metropolitan Insurance Co. for some of the needs of our very poorest—out of their pockets. It has been done for years in some countries by nursing benefit payments for associate members, that cut the ordinary fee in two for such members, at the expense, one of the founders told me, equal to a couple of dozen or so drinks per man. The same thing can be done here, and it can be done just as well for many other emergencies such as capital operations, with a still larger portion of the cost paid through benefit payments, for people don't indulge in capital operations, as they do in nursing, for the sake of mere comfort.

Don't let your trustees potter around trying to get a lot of elaborate statistics as a basis for benefit payments. Take a few hundred families and make up an offer of this emergency service that they will probably need, estimating its probable cost, as best you can, and make your trustees underwrite your guess. Get your system going and you will soon enough find where it comes out in practice. Don't worry if you don't get many buyers at first. Put your cost accountants at work and find out what is the reasonable cost of every piece of service you do, and charge for it. Show what it will cost with benefit payments and without. Then if there is trouble, you will be able to show what your benefit payments can do.

This kind of dealing with Mr. Ordinary Citizen will be better for his soul, and he will respect and like you all the better for it. Your real dependents who cannot pay benefits should be financed from special funds treating dependence rather than disease, in a way distinct from the independents. Incidentally, you will find what are your parasite underpaid industries whose sick employees come on the public charge. There will still be plenty of scope for your philanthropists in taking care of these dependents, if your benefactors are not interested in enabling high standard service to be given for all. Incidentally, in furnishing better service for all, you will be able to furnish better service even for the paupers. There is more money for your work in the pockets of the people than anywhere else. Go after it.

I am aware that in what I have said I am addressing a body of very busy people, whose greatest interest is in things that are not financial. As a class, you attend to financial things only when you have to, and you do it merely because you are not able to do your work from lack of money.

This sermon I have tried to preach, like many other sermons, is needed most by the people who are not in church. Therefore, I ask you to pass it on. It is needed by those important bodies—your trustees—who, as a class don't attend hospital meetings, but give their business brains to other things, and reserve their philanthropic emotions for their hospitals. What is more needed by the hospitals, and other organizations for the sick, is their business brains, and therefore I am presenting you with this short discourse as a testimony of a business man, to the effect that it is the



business side of your proposition that is weak, and that it behooves you to get the business side of your hospitals to sit up and pay attention to this subject.

You cannot, many of you, run hospitals and start a financial enterprise at the same time, but it is possible for you to get after the financial members of your board and present this testimony, to the effect that up to the present date their financial methods are not worthy of them, and because their methods are not up to ordinary business standards, their whole enterprise is threatened with failure.

Many of your trustees can sell almost anything to the people when they try, and they can sell them your hospitals, if they will take the time and trouble, for the goods in this case are worth more than the money they cost, and they have not even attempted to reach the real customer—the consumer. I take the liberty of advising you to tell them this and not to give them any peace until they really wake up and take hold of it.

*The Trained Nurse and Hospital Review.*

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Read at the 1921 conference of the American Hospital Association Convention, West Baden, Indiana, September 12-16.



President Harding, in endorsing the second annual observance of National Hospital Day, May 12th, has written the following to the National Hospital Day Committee which is in charge of this movement.

"I was pleased to learn from your letter that you are going to celebrate National Hospital Day again this year, on May 12th, the anniversary of the birthday of Florence Nightingale.

One of the finest and most humane products of our civilization is the modern hospital, and every activity which aims to assure its advantages to an increasing number of people deserves all possible encouragement."

The National Hospital Day Committee, 537 South Dearborn Street, Chicago, Illinois, will be glad to forward suggestions for a programme to any hospital which has not yet made plans for National Hospital Day. It is pointed out that one of the most successful celebrations last year was that of a California Hospital, which did not learn of this movement until May 6th. In six days this institution arranged and carried out a programme which brought material benefits in the way of an aroused and interested community.

## Editorial



### C.N.A.T.N. Convention, Edmonton, 1922.

At the National Convention of the C. N. A. T. N. to be held in Edmonton in June, it has been decided to devote considerable time to the examination of exhibits from hospitals throughout Canada of various devices which the members of the staffs have severally found useful in their institutions. These devices will be of such a nature as to promote the economical administration of the hospital, to simplify or expedite the nursing procedure on wards, or to promote the comfort of patients.

It is requested that the superintendent of the various hospitals throughout Canada should send contributions to these exhibits, and arrange for the demonstration of the exhibits at the proper time. This may be done either by arranging with some delegate to speak on the device, or by a brief letter accompanying it.

It has further been suggested that this exhibit include samples of the Training School Records of the various training schools. All these would prove both interesting and helpful, especially to those engaged in hospital and training school work.

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The programme of the C. N. A. T. N. has not yet reached this office in its completed form, but a tentative one has been sent in by the convener of the Programme Committee. Among the papers will be one on "the Linen Department and Laundry in large and small hospitals," by Miss Mary Catton, Ottawa; "The Operating Room and its Equipment, Care Supplies, etc.," by Miss Ferguson, of the Toronto General Hospital; "The Municipal Hospital System of Alberta, (a) from an Organizer's Point of View," Mr. Whiston; (b) "from a Matron's Point of View," (c) "Point of View of the Public Health Nurse," Miss Clark; "Pioneer Days in Alberta," Dr. Mewburn; "Nursing in the Early Days in Alberta," Miss Moodie, first graduate of the Calgary General Hospital. "Training School Inspection and its Effect on Nurse Education in British Columbia," Miss Helen Randal.

Demonstration of Training School Records, exhibition of devices or economies to simplify or expedite the nursing procedure in wards, or to promote the comfort of patients. All hospitals are being asked to contribute to this.

Round Table Conferences: (a) What is your opinion of the employment of ward maids to eliminate much of the drudgery of the



first year in nursing education? (b) How shall the valuables and clothing of patients in hospital be cared for? (c) The regulation of visitors and the supervising of gifts of fruit, etc., to patients by friends. (d) The desirability of training in tuberculosis for all nurses. (e) Single Room vs. Open Ward hospital construction. (f) The desirability of a knowledge on the part of student nurses of hospital financing with a view to the practice of economy and greater care of equipment. (g) Methods of preserving rubber and lavatory utensils. (h) Care of ward floors.

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The following information regarding hotel rates at the C. N. A. T. N. Convention in Edmonton, June 19th and following days, has been sent in by Mrs. Manson, Convener on Arrangements.

It would be wise to write as soon as possible for reservations for those intending to be present that week.

Macdonald Hotel—Single, without bath, \$3.00 per day; with bath, \$4.00 per day; double, without bath, \$5.00 per day; with bath, \$6.00 per day.

Selkirk Hotel—Single, without bath, \$2.50 per day; with bath, \$3.00; double, without bath, \$3.50 per day; with bath, \$4.00 per day.

King Edward Hotel—Single, without bath, \$2.00 per day; with bath, \$3.00 per day; double, without bath, \$3.00 per day; with bath, \$4.00.

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The above has been sent to this office by the Convener of the Programme Committee, with the request that it be given a prominent position in the magazine, and that the hearty co-operation of those able to assist Miss MacPhedran be requested.

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### C.A.N.E. Convention.

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A telegram was received, just as the magazine went to press, that the C.A.N.E. provisional date for the annual meeting in Edmonton is June 16th and 17th, 1922. Among the subjects to be taken up are Standardized Records and Student's Christian Movement in Training Schools. Round Table topics are to be: (a) "Nursing Problems," (b) "Public Health Teaching in Training Schools," (c) "Instructor's Course." It is to be hoped that a good attendance will show interest in these subjects.



# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### Manitoba

Miss Elsie J. Wilson,  
798 Grosvenor Avenue,  
Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Quebec

Miss Lawrence,  
207 St. Catherine St. West,  
Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

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## Programme of the Public Health Section Canadian National Association of Trained Nurses

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Edmonton, June 20th, 1922.

Now that the date of the annual meeting of the C. N. A. T. N. has been fixed, many members of the Public Health Section are planning to go to Edmonton for the third week in June. The national executive has been generous in allotting two sessions of the convention to the Public Health Section.

We are delighted to announce that Miss Elizabeth B. Fox, Director of American Red Cross Nursing Service, Washington, D. C., and President of the National Organization for Public Health Nursing, United States, has been secured to address the morning session.

Miss Elsie G. Wilson, public health representative for Manitoba, has consented to convene a committee which will be responsible for providing a public health exhibit in connection with the convention.



On Monday morning, June 19th, an executive meeting and informal conference of members of the section will be held, preparatory to the session of the convention which takes place on Tuesday, June 20th.

That the convention may be the best in the history of the C.N.A.T.N., the sympathetic co-operation of every member of the Public Health Section is requested.

#### MORNING SESSION

Reading of Minutes of last Annual Meeting.

Report of Activities of Public Health Section, 1921-22

Business.

Paper: The Development of the Public Health Nursing Department of the "Canadian Nurse."—Miss B. L. Smellie, R.N., Instructor in the School for Graduate Nurses, McGill University, Montreal, Quebec.

Address: "How may the Public Health Section of the C.N.A.T.N. be of assistance to the Rural Nurse?"—Miss Elizabeth G. Fox, American Red Cross Nursing Service, Washington, D.C., and President of the National Organization for Public Health Nursing, United States.

#### EVENING SESSION

Summary of Provincial Reports on "Development of Public Health Nursing".

Discussion of outstanding features of Provincial Reports, led by Provincial representatives:—New Brunswick—Miss Sara Brophy; Nova Scotia—Miss Margaret McKenzie; Quebec—Miss Ida Lawrence; Ontario—Miss Muriel MacKay; Manitoba—Miss Elsie G. Wilson; Saskatchewan—Miss Nora Armstrong; Alberta—Miss E. Clark; British Columbia—Miss M. A. McLellan.

Summary of Provincial reports on "Minimum Standards for Public Health Courses in Canada."

Discussion led by Mrs. J. Charlotte Hannington, Chief Superintendent, Victorian Order of Nurses for Canada.

Address: "The Function of the Junior Red Cross in Canada."

Election of Officers.

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The inspiring letter which follows was received from our British Columbia representative:

"I should have written you before, but time slips by so quickly when one is busy.

We had our meeting March 10th, when the sub-committee presented their report. I will enclose a copy of the report.

In connection with the report, we appointed a nurse to gather items of interest from within the province from each Department of Public Health Nursing. Items are to be sent in by the 10th of each month so that they can be put in shape for sending to the *Canadian Nurse* magazine. Another nurse was appointed to gather information from without the province. We hope to become more familiar with the work of each branch of Public Health Nursing.

At the annual convention of the British Columbia Graduate

Nurses' Association to be held April 17th, 18th and 19th, the Public Health Committee have charge of the evening programme on the 18th. We are also having a public health nursing exhibit prepared for the convention. A conference is to be held of all sections on the 19th. I will report later our success.

I brought up the matter of the programme for the Annual C. N. A., but no suggestions have been made. I will bring it up again at our next meeting.

Each nurse has sent an application form. They are sending them direct to you.

Yours sincerely,

M. A. McLELLAN,

Convener, Public Health Committee,  
Graduate Nurses' Association of British Columbia."

Your Special Sub-Committee on Public Health Nursing begs to report as follows:

The Standing Committee on Public Health Nursing should work

1 *Co-operation* To establish and preserve a regular constructive and sympathetic connection among all public health nurses, firstly in the Province, secondly in the Dominion, and thirdly in the world. This may be done (a) by having communications from each district sent at regular intervals—the *Canadian Nurse* to be used largely as the means for communication until such time as the Canadian public health nurses have their own organ; (b) By arranging for conferences and institutes at such time and place as will be decided by the members.

2. *Programme.* To undertake the providing of that part of the programme for the annual and quarterly meetings of the Provincial association which concerns public health nursing, and provided that public health nursing be part of the programme for the annual meeting of the C. N. A., as may be assigned to this Province.

3. *World's work in Public Health Nursing.* To keep in touch with what is being done in the public health nursing field elsewhere, and to keep the association informed thereon.

4. *Publicity.* To work for more publicity for public health and for the carrying out of schemes for the furtherance of health.

5. *Organization Magazine.* To work for the organization at an early date of a national organization of Public Health with its own public health nursing magazine.

March 10th, 1922.



## MANITOBA

Miss R. G. Livingston (Lewisham Hospital, London, Eng., 1900) resigned her position as Public Health Nurse with the Manitoba Provincial Board of Health and has since been married to Dr. William Scott, Roblin.

Miss M. Lovell (W.G.H., 1918) resigned from the Manitoba Provincial Board of Health to be married to Mr. F. Simpson, Winnipeg.

Miss E. C. MacInnes (Milford Hospital, Mass., 1916) resigned her position with the Provincial Board of Health to be married to Mr. L. Simpson, Virden, Man.

Miss Martha Sinclair (Sick Children's Hospital, Winnipeg, 1919) has resigned her position with the Board of Health of the Province, and Miss M. R. Black has accepted a similar position.

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GETTING JOHNNY READY FOR SCHOOL

I am getting Johnny ready,  
It's time he entered school,  
I've bought a slate and pencil,  
A tablet and a rule.  
Also, a good big hamper  
To hold his noon-day rations—  
For that's the way at the present day  
Boys start their education.

At last my John may enter  
First grade without a doubt,  
His tonsils and appendix  
And adenoids are out.  
He's taken typhoid serum  
And passed in vaccination,  
For now they say that's the proper way  
To start an education.

High School Pupil,  
Gilbert Plains, Manitoba.

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"If a man can write a better book, preach a better sermon, or make a better mouse-trap than his neighbour, though he build his house in the woods, the world will make a beaten path to his door."

## Private Duty Nursing Department



**National Convener**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Ontario Provincial Convener**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**Manitoba Provincial Convener**—Miss Henrietta Sykes, 753 Wolsely Avenue, Winnipeg.

**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**Convener Press Committee**—Miss Isabel Crosby, Avenue Road, Toronto.

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### Radium

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Whether considered from the standpoint of its physical characteristics or its therapeutic properties, radium fully justifies its reputation as the most wonderful of all known substances up to the present.

Shortly after its discovery it was realized that it did not conform to the known laws of Physics and Chemistry, and this discrepancy was so pronounced as to upset for a time the atomic theory itself. But, like every real step forward, this merely served to provide additional information, and the old atomic theory we had known in our youth was replaced by Rutherford's conception of the atom, by which our ideas of the structure of matter are enormously enriched, and the horizon of the physicist widened so that to-day the prospect is most alluring.

Rutherford's atom gives us a picture of each small particle of matter made up of an infinitesimally small central nucleus, positively charged, surrounded by a certain number of much smaller particles negatively charged. The latter are called electrons and are in constant motion about the central nucleus. The whole group is arranged in a manner almost identically the same as is any unit of our own solar system, and the divisions of matter are so infinitely small that the relative spaces within the atom are comparable to the spaces between the planets in the solar system. Is it not a wonderful conception to picture this microscopic bit of matter, built on the same relative scale as the solar system itself, held in place in the same manner and obeying the same general laws as those which control the movements of the stars and planets, our own sun and even our own little earth?

It was the study of the radio-active substances, particularly radium, which gave rise to this idea of the structure of matter. It also threw new light upon the age-long controversy regarding the



transmutation of matter. From prehistoric times man has been searching for some means of transmuting metals, always, of course, hoping to change the baser metal into the more precious one—but always without avail. But, in the radio-active substances, nature places within his hand the whole process fully perfected and in active operation—but reversed.

Starting with uranium, which is the parent source of radium, there is a continuous change going on within the atom. By a process of spontaneous disintegration there are constantly being formed atoms of elements which possess totally different chemical and physical properties. After a certain average period of existence, which may range from millions of years, as in the case of uranium, to a period of only a few seconds, as in thorium emanation, the atom undergoes a sudden explosion and yields another atom of totally different character. In this manner uranium, after three (or possibly four) such eruptions, becomes the element radium. Radium then goes through about eight more steps in this process of transmutation, finally becoming the stable element which we call lead.

But in her usual tantalizing fashion nature has reserved the process for us and proceeds from the rare and precious element towards the base and common one. Worse than this—she has locked the secret and apparently thrown away the key. We can observe this phenomenon in operation, but up to the present we have entirely failed to influence it in any way—we cannot start it or stop it; or speed it up or slow it down; or alter its operation in any particular whatsoever. This is the present problem of the physicist, and the prediction is freely made that all of these things will shortly be done (perhaps have been done while this is being written). When this has been accomplished, however, we shall have released for use a source of energy more revolutionary in its effect than was the discovery of the use of coal.

Our picture of the radium atom shows us a tiny world of ceaseless activity giving off energy without rest or interruption, and, most wonderful of all, without the necessity of being replenished. This continues for a length of time which, compared to the duration of a human life, is infinitely long.

The life of radium is expressed by a mathematical formula which states that in 1690 years it will be half gone. In the next succeeding 1690 years half of this remaining portion will be gone, etc. In this way the effective life of any quantity of radium is enormously prolonged, and during the whole of this period its activity goes on.

This activity is expressed in three ways:

1. The production of so-called alpha rays. These are small material

particles which are being constantly shot out of the center of the atom, they are expelled at a speed of from 9,000 to 12,000 miles per second, but, in spite of this high speed, do not travel far on account of their relatively large size. They are very easily stopped, being completely absorbed by so thin a substance as a thin glass wall, and are therefore of little use in medicine. They are, however, of the greatest interest to the physicist.

2. The second activity of the atom is the production of beta rays. These are also minute material particles believed to be certain of the outer ring of electrons which become dissociated from the present atom. It is certain that they are negatively charged and that they travel at the speed of light, viz, 186,000 miles per second. They are exceedingly useful in medicine, but can be entirely stopped by a very thin layer of lead.

3. The chief activity of the radium, however, is the result of the emergence from the atom of this beta particle.

When it leaves the atom it sets up a violent vibration of the remaining electrons with the production of electro-magnetic waves, which we call gamma rays. These differ from the waves used in wireless telegraphy or from visible light waves, only in their wave-length, which is infinitely short. They, too, travel at the speed of light, but their penetrating power is so great that it requires nearly three inches of solid lead to completely arrest them.

These are the rays chiefly used in radium treatment, especially in any deeply seated disease where deep penetration is necessary.

In the activity of radium, therefore, we have two particles which are material particles and wrongly called rays, viz: alpha and beta particles; and a third which is not a material at all, but simply a vibration of the ether, and which is so rapid that our human organism cannot respond to it, hence we are unable to appreciate it directly.

Yet they are all very real, and the energy they represent is enormous.

1. Any given quantity of radium will, in three-quarters of an hour, raise the temperature of its own weight of water from the freezing point to the boiling point and will keep this up during the entire life of radium.

2. The quantity of heat produced is 1400 times that of the same quantity of coal. The energy from one ton of uranium, from which radium is derived, would be sufficient, if it could be released, to light the city of London, England, for a year.

3. The wave length of the gamma rays of radium, if produced by electricity, would require a force of nearly 2,000,000 volts.



It is therefore, no idle speculation to seek to find the secret of this wonderful source of energy and to utilize it for our need.

The idea that such energy existed is not yet twenty years old, but the progress already is astounding.

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## Department of Nursing Education

Conducted by the Canadian Association of Nursing Education



### Special Nursing in the Hospital

Read at G. N. A. O. Convention, March, 1921

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The title of this paper applies to those graduate nurses who are temporarily engaged in nursing individual patients in the hospital. They belong to the "Private Nursing Group" but are designated "special" while on duty in the hospital, for the purpose of differentiation.

This particular phase of private duty nursing may, for our present purpose, be divided into three main considerations—Business, Ethical, and Professional Department,—as the patient, hospital, and nurse are each concerned.

The determining factors which make for success or failure may briefly be summarized as follows: The nurse as she reacts on the patient and the hospital; the hospital as it reacts on the nurse and patient; and the patient as he or she reacts on the hospital and nurse. By "hospital" is here meant the entire personnel of the hospital staffs—Medical, nursing and domestic.

It is needless to state that private patients to-day are not willing to be satisfied with the divided attention of pupil nurses as they were; patients as individuals have become extravagant and self-indulgent (characteristic of the times). This fact, to a great extent, may be considered one of the underlying causes for the seeming shortage of graduate nurses.

Those of us who are dealing with private patients mostly, and directly concerned with this problem of special nursing, can vouch for the fact that patients are indulging in unnecessary "special" attention of graduate nurses. This brings us to the point: "That "special" nursing in the hospital must be considered as a distinctive branch of private duty nursing, and must be provided for as of some special concern, involving regulations applicable to the situation."

Some points of advantage and disadvantage to both nurse and hospital may be summed up as follows:

*Of advantage to the hospital:*

1. Conservation of pupil nurses' time
2. Hospital relieved of some direct responsibility of patient.
3. Psychological effect on patient favorable.
4. Exchange of ideas between nurses of various schools.

*Of advantage to the Special Nurse:*

1. Keeps her in touch with hospital routine and new methods.
2. Keeps her familiar with training school developments.
3. Gives her the opportunity of becoming acquainted with other nurses, and with the pupil nurses who are soon to be in the field of graduate nurses.
4. Regular hours of duty.
5. Convenient facilities for carrying out treatments.
6. Lessened responsibility in the care of her patient.
7. Assured a certain amount of protection in collection of fees.
8. Advantages gained by acquaintance with medical and surgical personnel of hospital staff (especially if she is a stranger in the city.)

*Then of disadvantage to the Hospital:*

1. Conflicting methods, involving more special direction.
2. Greater extravagance in the use of supplies.
3. Irregular meal hours.
4. Irregularity of routine of work.
5. Interference with school regulations and deportment.
6. Pupils deprived of experience in caring for very ill patients.
7. Undesirable example to pupil nurses by careless, untidy style of uniform, so often evident.

The special nurse has everything to gain, and nothing to lose by her work in the hospital.

*On the Hospital devolves the ethical duty of providing:*

1. A list of rules specifically directing the nurses.
2. The necessary appliances for carrying out the nursing care of her patient; the proper food as to kind and quality.
3. Kindly co-operation of its staffs—nursing, medical and domestic.
4. The assistance necessary to collection of legitimate fees due the nurse.
5. Regulations protecting her from unduly long hours—twenty-four-hour duty especially.
6. Reasonable time for reporting on duty in the morning to co-ordinate with street car time.
7. Good meals properly served.



8. Properly equipped dressing room.
9. A waiting room with signal service—for use especially during visiting hours.

The hospital should keep in mind that the nurse is the stranger within its gate, and on her good work depends the welfare of the patient, which is the hospital's special concern, and should contribute in every way possible to her assistance; not only in carrying out the necessary bedside care of her patient, but in protecting her against any undue criticism, especially the tendency to popularize complaints against the "special nurse." Ethically, it devolves upon the hospital to treat the special nurse with courtesy and a true spirit of professional sisterhood; this attitude can be made the prevailing one throughout the hospital by the influence of those in authority. No better method towards establishing good-will and harmony can be found than by appealing to the generosity of both, through their sense of appreciation; generous acknowledgment with thanks for assistance rendered—the letter to the superintendent from the "special," expressing her appreciation of assistance, and co-operation of the nurses.

It is important that the nurse keep in mind the effect of first impressions, and, on presenting herself at the training school office, do so in a businesslike manner; in keeping with hospital requirements of promptness and dispatch. If it should be her initial acquaintance with the hospital, she should present her card, bearing the name of the hospital of which she is a graduate. This method creates dispatch of business in keeping records, etc.

After the preliminaries of dressing in uniform and being conducted to the ward where her patient happens to be, she is received by the nurse in charge and introduced to her patient. She is then introduced to the ward surroundings and given directions as to where to find the necessary appliances regarding special orders, general routine of work as to time and order, method of procedure and hours of duty. In all, she should show an earnest desire to fill the bill and make herself generally adaptable.

It is needless to say that the nurse who wishes to be successful must meet each situation good naturedly, which involves adaptation, sometimes against many odds—physical deficiency in the nurse perhaps being the greatest adverse factor, owing to her generally exhausted condition as the result of long hours and difficult work, which may have a reacting effect not for the best on the patient, and others, with whom she has to deal.

The nurse must keep in mind that underlying all good business and professional procedure are the principals of ethics. The nurse who is inherently ethical in her attitude cannot fall short of business and professional correctness.

The Golden Rule, as the mirror of life, is the basis of all ethical principles. By it the reflection of good is always returned. A special nurse begins well, when she offers to assist others, by maintaining at all times a quiet, dignified demeanor; and proper recognition of training school courtesy to all officers and members of the staff; to be at all times an example of correctness in uniform and conduct to the pupil nurses; and never guilty of selfishness in the over-use of linen, food, dressing, trays, etc.

She should refer all matters of importance to the nurse in charge (even though that nurse may be only a senior pupil). This likewise applies to the supervisor and nurse in charge of the department at night. She should never be guilty of the misuse of hospital property such as towels, dressings, etc., nor should she ever be guilty of leaving temptation in the way of those who may be morally weak (by leaving her purse, for instance, on the table, or a valuable pin attached to her clothes hanging in the dressing room). She should never be guilty of carrying stories out of the hospital about her patient or others, nor should she ever be guilty of laying blame on other nurses who may be associated with her in caring for her patient.

She should not attempt at any time to select cases when called through the Registry, and should respond readily when called. She should be prompt in her work, and endeavour to carry out the hospital regulations in all pertaining thereto.

It may be considered most unbusinesslike for a nurse to frequently ask to be excused from a case for a certain time in the evening in order to attend some social affair. She should never be guilty of overcharging the authorized fee, and should even be willing to modify her fee in exceptional cases.

The nurse who is popularly designated "professional" is one who evidently has proven herself to be adequate in both the business and ethical sense—otherwise she would not have measured up on professional etiquette. One often hears the remark, "She is very professional," and we automatically elevate her in our mind to a high standard. To be professional, she must needs be familiar with regulations, and be strictly observant of same. She will at all times appear in complete regulation uniform, neat and clean—not excepting rubber heels on her boots. She will wear sensible boots, not toe slippers, nor oxfords and colored stockings. She will not be on duty decorated with flowers, nor loiter about her work in the morning and blame delay on the patient. She will not occupy the head nurse's desk; entertain house surgeons or other acquaintances; eat in the kitchen; loiter around corridors; leave unclean trays for the probationer to clean; visit around the hospital and use the phone with-



out special permission; report late on duty and perhaps report not at all; impose on the pupil nurses; nor carry out treatment without special orders; but she will, while on duty, at all times pay strict attention to duty, and show consideration to other nurses. She will, when going on and off a case, report the condition of her patient to the head nurse, and in case of death, clean up the room and leave it in proper condition ready for the next patient. If she should indulge in fancy work, she will do so with the patient's permission, and for the patient. She will be the essence of courtesy to the employees of the hospital, and show appreciation for favors to all who assist her. A timely Christmas card, or a box of candy, to the clerks who have conferred favors may be suggested.

On the other hand, as a business procedure, the hospital staff—nursing and medical—should in every way co-operate with the special nurse; make her feel that she is one of them, and that they are all working with the one purpose, keep in mind that her services are directly conserving the services of the pupil nurses and is therefore of value to the hospital, as well as to the patient who has engaged her.

The hospital should, when possible, assist in securing the payment of bills and collecting of accounts generally, even though it does not assume the legal responsibility of insuring her payment.

The hospital should not call a special nurse for those patients who, in their judgment, are poor pay. The system of allowing private patients, only, to have the services of a special nurse is protective.

It is important that there should be an exact system of reporting on and off duty, with which the special nurse should have been made acquainted on her initial visit to the hospital. Special rules, for special nurses, should be outlined and placed in a conspicuous place, (giving general direction), where they may be seen, in order to avoid personal correction for some unintentional infringement. Standing orders of the hospital should likewise be in a convenient place for the special nurse to read as may be required.

Rules such as may be followed: "Special nurses are expected to report to the lady superintendent's office when called to a case, or when off a case"; if there should be no one in the office at the time, a slip may be left by the nurse, stating that she has arrived or has left; a slip will have been placed on the desk, advising her as to the whereabouts of her patient. "To observe silence and order while in the dressing room." "To become familiar with the hospital rules by asking questions of the nurse in charge of the floor or others in authority." "To carry out orders as they are written in the order book, but on no account to carry out verbal orders; unless, in case of

immediate treatment, in case of emergency, and administered in the presence of the doctor, who will write the order as soon as conveniently possible". "To report to the nurse in charge of a floor should anything be required that she does not find in supply, but on no account visit other floors for borrowing or other purposes". "To report to the head nurse on and off duty promptly each day". "To be in complete uniform, cap and rubber heels when on duty". "To observe economy and careful use of linen and appliances". "To be subject to the day head nurse in charge of the floor and the night supervisor at night, and to refer all new orders or special orders to them before administering to her patient". "To report all matters regarding change in the patient's condition, at night to the supervisor, in the day time to the nurse in charge". "To remain in the room of her patient as much as possible, except when preparing treatments". "To keep in mind that the head nurse's desk is for the exclusive use of the head nurse and doctor and the nurse in charge of the floor at night". "To not use the phone in the main office without special permission of the medical superintendent". "To avoid loud talking and laughing while in the dining room". "To collect her own accounts, except when, through the courtesy of the clerk, they may be collected with the hospital account". "To avoid wearing jewelry such as rings or wrist watches while on duty, (wedding rings not excepted, as an aseptic precaution)". "To use the special stairway and corridor, rather than the front stairs and corridors, as may be the custom of the hospital". "To be at all times a good example to pupil nurses by conduct, neatness of uniform and nursing procedure". "To expect co-operation and courtesy from the hospital nurses".

The following questions may not be considered inopportune towards formulating a code of regulations:

1. Is twenty-four-hour duty allowed and fair to the nurse?
2. Is the so-called fifteen-hour-duty allowed and fair to the nurse?
3. If so, is it allowable for a nurse to sleep a part of that time?
4. Should a special nurse care for her patient's room and clean it as thoroughly as may be expected of nurses in training?
5. Should she dust the light shades and all parts of the room as thoroughly as is expected of the nurses in training?
6. Should the special nurse clean the rugs of her patient's room?
7. Should a nurse present herself at the hospital to special a case, if she has not been engaged through the Registry by the hospital authorities?
8. Should all nurses who go into the hospital on special duty be acceptable to the training school authorities?
9. Should the hospital feel compelled to allow any nurse on special



just because the patient and doctor wish her, regardless of who or what she is?

10. Should doctors feel that they have any more privileges in regard to sending in special nurses than they have of choosing probationers for the training school?
11. Should doctors feel that they have a right to send nurses into the hospital with their cases or for their cases without definite preliminary arrangements with the training school authorities?
12. What legal protection has the nurse in regard to collecting fees?

She should be protected by the Central Registry of which she is a member, and there is no reason why she should have difficulty in making collections in the ordinary business way of taking legal action, if she cannot secure payment by any other method. The question of her legal right to charge for a whole day if on duty only a fraction of that day is legally provided for by the technicality in reference to engagement by the hour, day, week, month or year. If engaged by the hour, she could only collect payment on the hour basis; if by the day she collects payment on the day basis, and so forth.

The hours of coming on duty in the morning for special nurses should be made 8 o'clock instead of the regular 7 a.m., in order to allow more convenient time for car service, etc.

Special nursing in a hospital may not be all sunshine and roses, but nevertheless has many favorable features in comparison with private nursing in general, in that the nurse gets a certain amount of protection from the hospital.

She herself, however, is not equal to complete harmony, even though the Golden Rule may be her guiding principle, without the same co-operative spirit on the part of the nurses of the hospital, the doctors and officers, who are all contributing factors for help or hindrance.

MARY A. CATTON,

Protestant General Hospital, Ottawa. March 1921

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'Tis clear if we refuse  
The means so limited, the tools so rude,  
To execute our purpose, life will fleet.  
What though our work  
Be fashioned in despite of their ill-service,  
Be crippled every way? 'Twere little praise  
Did full resources wait on our good will  
At every turn.—*Browning.*



### **C. A. M. C. Nursing Service Department.**

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Surely it was a strange turn of the wheel that precipitated a rigid Ontario Non-Conformist into the very heart of Popish ceremonies during the week preceding Easter, 1917. That the circumstance made a lasting impression is evident, else why should I find myself writing of it at this late date?

Having been a member of the Q. A. I. M. N. S. R. in a military hospital at Valletta for many months, and having exhausted the field of sightseeing within the area, my mind turned to a survey of the natives and their customs. Soon, I recognized that Malta is a very religious little island and the Maltese strict adherents to the Roman Catholic faith. Nowhere before had I ever seen such enthusiastic observance of festivals, fasts, and ceremonials. Palm Sunday marks the entrance to the Holy Week and the advent of Easter. In their observance of the obligations imposed by Mother Church, the Maltese evince a true and deep sincerity. All the services command full attendance, and the onlooker is struck by the apparent sorrow with which is recalled the Passion of our Lord. His Grace the Archbishop of Malta officiates during the week at St. John's Cathedral, Valletta; His Lordship, Bishop Portelli, his assistant, presiding in a similar capacity in the church of St. Paul Shipwrecked.

Here may I note for those who are not familiar with, or rather draw all attention to, the fact that the Apostle St. Paul, according to biblical information, was shipwrecked off this little island, then called Meletta, and to this day a Grotto exists with an altar called "St. Paul's Grotto." In this now is a beautiful statue of the Apostle. On Palm Sunday, in all the island churches, the palms, according to Catholic customs, are blessed and distributed. A remarkable exhibition is to be witnessed in a representation of "The Last Supper" in the chapel of the Convent, Strada St. Domenico. It is open from Wednesday, p.m., and usually attracts large numbers of the faithful and other spectators who reverently file round the long table covered with a snowy cloth and furnished with small loaves, circular cakes, paste of sorts, sweet-stuff fashioned in the form of fish, lentils, wine, fruits, etc., so apportioned on the table as to indicate, with precision,



the position of our Lord and His disciples. At 10 a.m. the following day the food is distributed to the poor. The fathers of the convent are always willing to receive strangers and assist them in viewing this highly interesting spectacle.

On Holy Thursday, Pontifical High Mass is celebrated in the Co-Cathedral, Valletta, where the ceremony of the consecration of the Holy Oils is performed, also that of washing the feet of the Apostles, represented by twelve deserving poor, in which act His Grace, following the divine example, testifies in person to the humility of the church. Each of the old men receive an Easter loaf with almonds and four shillings. Upon the conclusion of the service the bells of the island churches are silenced, being substituted by the "Cinklaita," a form of wooden clappers erected in the belfries, supposed to represent the circumstance attending the resurrection, when the veil of the temple was rent in twain amidst the rumblings of an earthquake. On the same day the repository sepulchres erected in the churches are exposed to the veneration of the faithful, who are expected to visit seven churches, in remembrance of the seven last words of our Saviour. This is very easily done, as churches are very plentiful and close together.

At 9 a.m. on Good Friday the ceremony of the "Adoration of the Cross" takes place in all churches. At 4 p.m. the famous procession of the Passion leaves the Church of Jesue, Strada San Giovanni Steps, and tours the city. Similar processions take place in the principal towns and villages, specially Citta, Vechia (the ancient capital of the island). At 8 a.m. on Saturday the ceremony of Blessing and Font takes place in the Cathedral, Valletta, and at 9 a.m. in all the island churches. Meantime the draperies enveloping the cross and obscuring the light in all sacred edifices are removed. Pontifical Mass is celebrated at 9.30, and "Gloria in Excelsis Deo" is sung, after which, on a signal from the Co-Cathedral, the bells of the churches throughout the island which have been silenced since Thursday resume their function in a simultaneous peal. (The church bells in Malta seem to be always ringing, so that, when silenced, is very noticeable).

Early on Sunday morning a time-honoured ceremony takes place in Valletta, when a statue representing "Christ Risen" is carried in procession from the Greek Church, Strada Mercanati, and afterwards dragged up the hill from the bottom of Strada Reale. On arrival in the vicinity of the church the statue is restored to its original position, and the first Easter Mass is said by the Greek Papas. Pontifical Mass follows at 9 a.m. Easter has come again! May it be added that flowers of most brilliant hues are everywhere, inside and outside of the churches, lilies in great profusion around the altars,

the many statues everywhere; even the market place and streets are laden with flowers. Wonderful tapestries hang in the churches which at other times are safely put away. Malta may well be proud of its churches. No one living in Malta at the Easter season can ever forget the scene or its impressiveness, and no one could be in Malta and not be impressed.

The scene was "a fortune of war" seen by a Canadian nursing sister, dealing, not with the 1914-18 war, but a battle fought and won, long, long, ago.

"A Reserve Sister"

### The Kildonan Castle Humours

Under the esteemed patronage of Captain G. W. Armstrong and Major Chevers.

A practical journal of instruction that does not instruct  
Published every .....? When the spirit moves the publishers.

Mutte and Jeff—Publishers.

Telegraphic Address: Mutte Mediterranean.

Agents:

No. 4 Canadian General Hospital .....	Somewhere.
The Unit .....	Nowhere
John Bull .....	His Island

### A.D.V.E.R.T.I.S.E.M.E.N.T.S.

WAR TIME ECONOMY—Save shoe leather and take a Driver.

CHAIRS—By special arrangement, Morris chairs may be obtained from the Chief Pirate.

WOOD—In small quantities—No loads to any one person.

FITS—While enjoying a Mediterranean trip, anyone finding the climate causing touching-fits need have no cause for alarm, as I have a sure remedy.—Sister E. F. Jones.

PHOTO EXCHANGE—Before going elsewhere, see the Grindley Exchange Company.

WANTED—A good kitten for a home—Cabin 273

X-RAY DEVELOPING DEPARTMENT—

The fiend is blest  
Who does his best  
And leaves the rest  
To the X-Ray Press.

WANTED—A strong boy to make himself generally useful around the Barber Shop. A good opportunity for the right person. Apply in the early morning to C. E. Thompson, Boulevard Breakwater, Kildonan Castle.

ENGLISH GARMENTS—The well-known Rabbi Ben Ezra will dispose, by private sale, his stock of English Garments, he having adopted the Southern Dress.

SKEEN L. O. B. K. C.—Surgical Specialists, Special attention to fingers, Night Bell.



LADIES—Do not neglect your hair—but try “Roy Clayton’s” Special Hair Wash (Large Bottle, £1 1. 0 or 3 Bottles for 7/6.

#### BOOKS—BUYER’S GUIDE—

“Chess and how to play it ..... Dobson.  
 “Readable Rhymes” ..... Scott.  
 “Literary Lapses” ..... Stevenson.  
 “Churchyard Poems” ..... Gray.  
 “Anonymous” ..... Grace Darling.  
 “Ghosts of Kildonan” ..... Sheehan.

KODAKS—Fine Emergency American Kodaks may be obtained “Duty Free” from Clayton, N.Y., U.S.A.

SECOND-HAND POST CARDS—Bastedo & Co.

SMILES—After meals try one of Spanner’s sunshine smiles.

LIFEBUOY AND CARBOLIC SOAP—The 5th Engineer having purchased a large stock, is now willing to retail at wholesale prices.

#### PUNNING, CATCHES AND ANECDOTES

THE GENERAL ALARM—Chief, in Alarm (to Major on seeing an advance host of “Blue and Red”) “Good Lord! What has come upon us?” Medical Staff in unison (with hands up) “Have Mercy; we are overcome by superior numbers.”

VERY ROUGH SEA—Sister leaning over rail, and captain scanning sky and speaking from doorway just behind distressed sister: Captain—“Is the Moon up yet?” Sister—Heavenly Day: Has that got to come up, too?”

Several sisters of women’s war working party were chatting with the little daughter of the hostess: “I suppose you are a great help to your mother?” said one. “Oh, yes,” replied the little girl, and so is Ethel; but to-day it is my turn to count the spoons after you are all gone.”

#### LOST AND FOUND

MISSING—A Ship’s Blanket. Last seen on promenade deck walking towards the rail. It is feared the loss of life has been enormous

LOST—Somewhere between sunrise and sunset, on the Island of Malta on November 7th, fifty-seven lonely sisters. No reward is offered.

LOST—Somewhere in the Mediterranean, officer’s cap. Finder please return by wireless.

LOST—During Ship’s stay in Malta, an engineer’s mascot. Answers to several pet names. Finder please return at earliest convenience to engineer officers.

LOST—A pair of Trousers. Last seen at the end of boat-hook at Mudros Bay.

NOTICE—To all M.O’s placed hors-de-combat—A delightful shave guaranteed free, gratis and for nothing.

We beg to inform our patrons and others that all our staff are genuine English, Scottish or Irish descent. No foreigners employed, likewise no Welshmen. The proximity of our preparation room enables the work to be carried out under anaesthesia if necessary, especially on patrons whose nerves are unsteady after prolonged sojourn on shore.

We might also add that our X-Ray department, quite adjacent, assures the discovery of any implements inadvertently swallowed or otherwise lost during the course of our operations.

Yours truly, LEUKOCEYTE.

#### ITEMS OF INTEREST

- (1) The sound of the dining-room bell.
- (2) The News in to-day’s edition of the “Daily Mail.”
- (3) The final destination of the wandering “75.”
- (4) Where the X-Ray operator is at present.

- (5) What the men were saying while coaling.
- (6) How often the lift at Malta refused to act when in mid-air.  
Anticipation is the best part of every adventure.

#### WHAT WE WOULD LIKE TO KNOW

- (1) The name of the gallant M.O. who brought a souvenir from Malta, viz., "a pair of slippers of the best genuine papier-mache, manufactured on the Island, and whether they are intended for ornament or for use.
- (2) The name of the M.O. who performed an acrobatic feat of no mean skill in coming on board the "Kildonan Castle" on Friday night last, and which went to prove that his was the path of righteousness ashore.
- (3) Whether the Padre intends to keep all the spiritual consolation received from a high dignity of the Island to himself, and whether it would not be fairer to share and share alike (Three Star excepted).
- (4) If the disciple of Isaac Walton on board will deliver a lecture to the "Little Fishers" (sic) in Suvlas Bay if they refuse to bite and turn out to be "no trumps."
- (5) Where has the missing collar belonging to our worthy anaesthetist gone, and if the effort to trace the whereabouts of same has not proved a veritable "tangled skein" (with apologies to our eminent surgeon).
- (6) Why there is at present such a rush on Guinness, and if as stated it has proved a valuable antagonist to things that "crawl and creep"—hence the report (confirmed by our Bacteriologist) that many Crustaceae have been discovered all over the ship in a state of complete intoxication, thus leading to diminished capitation objugation.

(To be Continued)

Matron V. Tremaine, R.R.C., spent Easter at Toronto, the guest of Mrs. J. Fraser.

Mrs. P. Goldie (nee Nursing Sister M. M. Mills) has returned to Toronto from Calgary and other western points.

Nursing Sister Nellie Storey, who served with the Q. A. I. M. N. S. R. in England and Egypt, has been appointed Superintendent of the Union Hospital, Wodena, Saskatchewan.

Nursing Sister Mabel Stowe, who served with the Q. A. I. M. N. S. R. and C. A. M. C. in turn, has accepted the superintendency of Union Hospital, Shanavon, Saskatchewan.

Nursing Sister Marion Ruddick, R. R. C., resident in London, England, for some time past, is, according to report, making rapid progress in her violin lessons.

Among visitors to Ottawa during the month of March were Mrs. H. D. Boyd, (nee Nursing Sister L. V. Smith), of Burlington, Ontario: Mrs. J. J. Fraser, A. R. R. C. (Nursing Sister G. B. MacCullough), of Toronto: Mrs. J. D. McKenzie (Nursing Sister I. M. Lord), of Vancouver. Accompanying Mrs. Boyd was her winsome little daughter, Betty, who promises to rival her mother in sprightliness.





# Hospitals and Nurses



## QUEBEC

### JEFFREY HALE'S HOSPITAL, QUEBEC.

Miss M. Gardyne (1921) has recently accepted a position on the staff of the J. H. H., Quebec.

## MONTREAL

The C. N. A., Montreal, intend holding a bazaar in the autumn, the proceeds to go towards a new club house.

### ROYAL VICTORIA HOSPITAL.

The Alumnae dinner in honor of the class of 1922 was held on March 22nd in the Ritz-Carlton Hotel. The tables were bright with spring flowers, and an orchestra furnished delightful music. The toast to "Our Guests" was proposed by Miss Olive Fitzgibbon (1913), who told of her work in Roumania with the Canadian Nursing Mission. A large number attended, and everyone spent an enjoyable evening.

Her Excellency Lady Byng of Vimy presented the prizes, diplomas and badges to the class of 1922, on graduation day, March 28th, in the Nurses' Home. Miss Mary Eaton carried off the Alexina Dussault prize for highest number of marks obtained, and Miss Mildred Hammond Dr. Hamilton White's prize for general proficiency. To leave behind them some appreciation of the sacrifice made by the nurses who lost their lives in the great war, the class have subscribed fifty dollars (\$50.00) towards the Memorial Fund. Following the presentation, tea was served.

Miss Rushbrooke, who is in charge of the Social Service Department, gave an interesting account of the work being done there, at the Alumnae meeting of April 12th.

Miss Agnes Sutherland (1916), who has been Night Superintendent of the Ross Memorial Pavilion, has taken charge of Ward B.

Miss Grace Moffat (1921) has been appointed Night Superintendent in her place.

## MONTREAL GENERAL HOSPITAL

At the February meeting of the A. A. a demonstration on "Blood Transfusion" was given by Dr. C. K. P. Henry, which proved most interesting. Miss Shaw, Director of the Course for Graduate Nurses at McGill University, spoke to the nurses on this work at the March meeting. A change in the arrangements with the M. G. H. by the Sick Benefit Fund Committee was the ruling that in future if more than two rooms are occupied by sick nurses at one time, the fund accepts the financial responsibility in full.

Miss Scarlett has been engaged as industrial nurse with the Mount Royal Hotel Company, with its 800 employees on the pay roll, during the building of the hotel.

Miss Annie Reid is on the staff of the Laurentide Hospital at Grande Mere, with Miss Kathleen Smith and Miss Lillian Stewart.

Miss Pauline Carroll (1919) has accepted the position of Night Supervisor at the Montreal Maternity Hospital, and Miss Linton has resigned as Night Superintendent of the same hospital.

Miss F. Strumm has been elected Regent of the Florence Cavell Chapter of the I. O. D. E., and Miss Lucy White, Secretary.

Miss Kathleen King is doing social service work at Point St. Charles, Montreal, under the auspices of the Presbyterian Church.

Miss Molly MacDermott has resigned her position in the Social Service Department of the M. G. H.

Miss Estella MacDougall has accepted a position as Assistant in S. O. R. in the Lawrence Hospital, Bronxville, N. Y.

Miss Lulu MacIntosh is doing school nursing in Moncton, N. B.

Dr. and Mrs. Kirkland (Nora Roy, 1914) have left for St. John, N. B., where Dr. Kirkland is to be in charge of the X-Ray Department of the G. P. Hospital. Mrs. Kirkland has been an active worker in the A. A. and will be much missed.

\* \* \* \*

## ONTARIO.

### HAMILTON

A very successful dance was held by St. Joseph's Hospital A. A. on February 8th, the proceeds in aid of the new home for nurses in connection with the hospital.

Miss F. M. Irving (class 1920, St. Joseph's, Hospital, Hamilton), has accepted a position as nurse assistant to Dr. Hicks, Brantford, Ontario.

### GUELPH.

The Guelph General Hospital A. A. invited the graduate nurses of Guelph to a tea on March 18th. Over \$30.00 was realized after expenses were paid.

### HAMILTON GENERAL HOSPITAL

Miss Mary Heines and Miss Buckbee have been added to the School Nurses of Hamilton.

Dr. and Mrs. Birks (Miss McGregor, H. G. H.), are home on furlough from China.

Miss Edith Davidson and Miss Ruby Smith have accepted positions on the staff of the Hamilton General Hospital.

### LONDON

A most instructive lecture on Cancer was given to the Victoria Hospital Alumnae by Dr. A. J. Grant at their March meeting, with advice to teach the public the importance of early treatment of this dread disease. Discussion of the annual meeting was interesting, bringing up the important matter of Provincial Registration and the War Memorial. Miss Agnes Malloch presided over the meeting.

The A. A. of Victoria Hospital, London, Ontario, held their annual meeting recently, when a most gratifying report of the work and finances of the association was read.

An endowment of \$1000. made to the Memorial Children's Hospital, still leaves the sum of \$329 in the treasury after the payment of all expenses. There is a paid up membership of 150. In addition to helping with the Memorial Hospital, the members are interesting themselves in the Memorial Fund of the C.N.A.T.N., and hope to be successful in raising money for it.

Miss Della Foster was appointed delegate to the G. N. A. O. meeting, April 20th, 21st and 22nd, at Brantford. Plans were made for the annual picnic in June, at which the 1922 class will be entertained. Misses M. Walker and M. Rowe were appointed conveners.

### HOSPITAL FOR SICK CHILDREN, TORONTO

Dorothy MacMillan is doing public health nursing in Birmingham, Mich.

### OTTAWA

The 4th annual meeting of the Florence Nightingale Association was held March 23rd. Miss M. Catton, who has been President since its inception, was elected Honorary President, and a basket of flowers was presented to her as a small mark of appreciation of her services. Miss Gertrude Garvin was elected President; Mrs. L. M. Dawson, Vice-President; Mrs. D. S. Johnston, Recording Secretary; Miss Gertrude Bennett, Corresponding Secretary; Mrs. A. J. Mettleton, Treasurer. Members of the executive, Miss M. C. Macdonald, Mrs. E. G. Brown, Mrs. W. McPherson, Misses M. Chipman, Stevens and O'Reilly. Eighteen new members were added



during the year. Assistance had been given to the survey in the interests of the unemployed. Dr. W. S. Barnhart gave a most helpful lecture on the basal metabolism test.

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### MANITOBA

The annual meeting of the Manitoba Association of Graduate Nurses was held at the Red Cross headquarters, 187 Kennedy Street, Winnipeg, on Tuesday, January 31st. Over 125 nurses were present. In the morning reports of officers and committees were read. These reports showed a marked increase in membership and interest in the work of this association. Miss A. E. Gilroy outlined the history of the association.

In the president's address attention was called to the need for high ideals in nursing service, for sound knowledge of the cause and prevention of sickness, as well as of skilled care of the sick; for enthusiasm for our work, conscientiousness in doing it, and a spirit of humanitarianism in caring for the patient. Also the many opportunities of imparting our knowledge of health and disease to the public; of teaching health; of helping to reduce the appalling mortality from preventable diseases; infant mortality and death from child-birth; the necessity for active support and co-operation of each member of the association in the development of better teaching and better schools of nursing.

A most interesting and instructive paper on X-ray, by Miss Cannon, of Brandon, was read.

The Canadian Memorial Fund to nurses, whose lives were sacrificed in the Great War, was opened in the province by a grant of \$100.00 by the association. Manitoba is asked to collect \$4,000.00 as its quota of the \$65,000 required.

In the afternoon Miss Fraser dealt with the question of "Nursing Care in Mental Diseases," showing the need for training in this neglected branch of nursing.

Mrs. Speechly interestingly outlined the plans of the Junior Red Cross work.

"The Education of the Nurse," by Miss Kinder, who emphasized the need for progress for a solid foundation on which to build a broad general training, was followed with much interest by the nurses in attendance.

Miss E. Pollexfen read a paper on "Nutritional Clinics," and described the experiments undertaken in this work by the Winnipeg General Hospital. Stress is placed upon fresh air, long sleep and plain food. Under this treatment there is immediate and marked improvement.

The final session in the evening was attended by over one hundred nurses. Dr. Halpenny spoke of that ideal nurse, Florence Nightingale, whose keen, practical mind, broad education, culture, and unselfish devotion to interests of the sick and suffering have been the inspiration of all true nurses.

Miss Mable F. Gray, of Regina, formerly of the Winnipeg General Hospital, dealt with "The Responsibility of the Community to the Nurse, and of the Nurse to the Community." She drew attention to the need of thorough training, and the giving of one's best to the work in hand. She thought that both time and money could be saved by organizing a group system in nursing. Much time is often lost by a nurse in looking after an individual patient. The solution of the problem of proper nursing facilities for the poor, and people of moderate means, would largely be found in this method. "The responsibility of the community to the nurse," said the speaker, "lies in the provision of means to carry on the work."

The last address of the session was given by the Rev. Leslie Pidgeon, D. D., whose splendid inspiring address on the building of character, of the need of following a high ideal in life and in carrying out the daily task, so that the ideal could be realized, was followed with close attention. The address maintained a high tone regarding the work of the nursing profession, and was much appreciated by the audience.

Miss Gemmill, of Brandon, gave an excellent paper on "Anaesthesia," giving a history of the various anaesthetics and their relative merits.

Mrs. McWilliams, in an interesting address, pointed out the value of a fifteen minutes' intelligent reading of the daily newspaper as a means of keeping in touch with the world progress.

The following officers were elected: Miss Mary Martin, re-elected President; Miss S. P. Johnson, Miss A. E. Gilroy, Sister Gallant, Vice-Presidents; Miss E. Carruthers, re-elected Secretary; Miss E. Wilson, Corresponding Secretary; Miss F. Robertson, Treasurer; Miss E. Russell, Legislative Committee.

A resolution respecting Training Schools is as follows:—

"Resolved, that the Manitoba Association of Graduate Nurses respectfully directs the attention of the Provincial Government of Manitoba to the conditions which exist regarding the establishment, maintenance and direction of Training Schools for Nurses in connection with the Hospitals throughout the Province.

"These institutions, offering education to women in one of the most vital and difficult of arts, are to-day totally unsupervised. They are under no obligation to maintain proper educational standards nor to provide suitable teaching material or personnel;

"The directorates of many of our hospitals endeavour to maintain good standards, but the nurses of Manitoba feel that the proper instruction of nurses is of such vital importance to the community that nursing education should be recognized, supervised and controlled by the Provincial Government, through and by the University of Manitoba, under which body the Nurses' Registration Act is at present administered."

A resolution was also passed protesting against the proposed cut in the Public Health and Child Welfare.

Miss Frances Fitzpatrick (graduate of St. Boniface Hospital) and Miss C. Macdonell, both belonging to the staff of King George Hospital, Winnipeg, have accepted positions on the staff of the Philadelphia Hospital for Contagious Diseases.

#### BRANDON

The April meeting of the G. N. A. was held on the 8th, when Miss Day, of the Provincial Board of Health, gave a most interesting talk on the work done by that department.

It was decided to hold the annual dinner in May. A cordial invitation was extended to all members to attend the opening ceremonies of the new hospital on April 14th.

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#### BRITISH COLUMBIA

Miss Budge, St. Joseph's Hospital, Victoria, is on the staff of the Nanaimo General Hospital.

Miss Emma Miller (Calgary General Hospital) has resigned her position at the Royal Columbian Hospital, New Westminster, and has returned to her home on the prairie.

Miss Florence Van Wyck (Royal Columbian Hospital, New Westminster, 1920) has accepted a position in the Municipal Hospital, Philadelphia.

Miss Ethel Johnston (St. Boniface Hospital, St. Boniface Man.) is Instructress of Nurses at the Royal Columbian Hospital, New Westminster.

#### ST. PAUL'S HOSPITAL, VANCOUVER

The graduates of St. Paul's Hospital organized an Alumnae Association on March 22nd, 1922. A large number of nurses were present, and, after the business of the meeting was concluded, those present visited the new addition to the Nurses' Home, which was a revelation to some of the older graduates, who had few of the comforts of the students of to-day. Refreshments were served and a thoroughly enjoyable social hour was spent, when the gathering adjourned till the April meeting the first Monday in the month.

Officers are as follows: Hon. President, Sister Clarissa, Superintendent of St. Paul's Hospital; Hon. Vice-President, Sister M. Alphonse, Directress



of the School of Nursing; President, Mrs. Dorothy Bellamy, R.N.; Vice-President, Miss Anna Jackson; Secretary-Treasurer, Miss Mary Rogerson. Executive Committee, Miss Olive Till, Miss Mabel Dutton, and Miss K. McKeating.

The tenth annual meeting of the G.N.A. of B.C. was held on April 17th, 18th and 19th, 1922, at the Royal Columbian Hospital, New Westminster, B.C., with a fine attendance at all meetings. The President, Miss E. Breeze, in the chair. Addresses of welcome were given by the president of the G.N.A., New Westminster, Miss Slater, and by Dr. Rothwell, and the invocation by Rev. J. C. Switzer. Miss E. M. Morrison, president of the Victoria G.N.A., replied. The president gave her address, showing the work that had been done by the association during the ten years of its existence, which made a very creditable showing. Reports were given by the secretary, Mrs. M. E. Johnston; the treasurer and registrar, Miss Helen Randal; standing and special committees, and a special report on the third survey of the training schools of the province.

The Registrar's report showed that 289 nurses had registered during the year, and 1479 since the Act came into force in 1918.

Reports of the Committee on Public Health Nursing showed a keen interest on the part of nurses and a large membership.

The Private Duty Nursing Committee was formed, with Miss Marion Currie, convenor, which held a live round table at the last session.

A report from the Memorial Committee showed progress in getting the sum of \$6,500.00, with hopes that many more nurses will soon send in their individual gifts.

A resolution was passed voicing the disapproval of the association, that more than the amount voted at Quebec for the memorial had been put through by the National Executive of the C.N.A.T.N., and also that "This association disapprove of the principle of large sums of money being voted by the Executive Council of the C.N.A.T.N. without having been presented to and voted upon by the general meeting of the C.N.A.T.N." These resolutions to be sent to the C.N.A.T.N. for the annual meeting.

Reports of the Examinations held for R. N. certificates showed that 80 nurses passed during the year.

Mrs. M. E. Johnston, Miss A. McLellan, Miss Kate Stott, Miss Jessie Mackenzie and Miss Helen Randal were appointed delegates to the C.N.A. T.N. meeting in Edmonton.

Mrs. E. Johns was appointed Convenor of the Committee on Nursing Education.

The evening meeting opened with a solo by Mrs. Purvis, which was appreciated. A paper, "Problems of Private Duty Nurses," by Miss Elizabeth Brown, was read by Miss I. Gibson. This was followed by a lecture with lantern slides—"The Pacific Coast Mission," by Rev. John Antle, with its views of the hospital on the coast, under the auspices of this mission—which interested the members very much. The session, given over to the public health nurses, was full of interest and instruction, under Miss A. McLellan, convenor of the Public Health Nursing Committee. Miss M. Harmon's paper, "Rural Nursing," was the first, and gave a splendid outline of the work and life of the nurse in rural communities, and was ably discussed by another nurse doing the same work in the country, Miss Prescilla Smith, of Keremeos. The paper, "Activities in Various Branches of Public Health Nursing," by Mrs. Calhoun, Superintendent of the V. O. N., Vancouver, was a summing up of all the societies and branches doing work along social service and public health lines in British Columbia. Miss Mary Ard Mackenzie, Director of the course in Public Health Nursing at the University of B. C., opened the discussion.

Miss Esther Kinney, Dietitian, gave a paper on "Nutrition," in which the very latest ideas on this subject were presented most ably. This was discussed by Miss Thompson.

Unfinished business ended the meeting proper.

Round Tables in both Public Health Nursing and Private Duty Nursing Committees were held Wednesday morning, and were well attended, when plans for the year's work were arranged.

A public health nursing exhibit was prepared by the school nursing staff, Vancouver, and by the V. O. N., Vancouver, which was much appreciated.

The Board of Directors of the Royal Columbian Hospital entertained the members to a motor trip to the Colony Farm and hospital at Essondale, where tea was served.

#### ST. JOSEPH'S HOSPITAL A. A., VICTORIA

The association is planning to hold a big dance in the Empress Hotel on April 21st, and are sparing no effort to make this a great success.

The A. A., formed two years ago, took for its special object of work the Operating Room. A safety Goss oxygen apparatus has been presented, and its use has given great satisfaction.

The Alumnae Association will entertain the 1922 class at their dance on April 21st.

Miss M. Arent (1916) intends leaving shortly for New York to take a course in Anaesthetics.

Miss Nellie Gannon, Night Superintendent at Royal Inland Hospital, Kamloops, has resigned to take a position as office nurse with Drs. Irving and Murphy.

Miss Kilpatrick (1919) is taking a course in Social Service at the Vancouver General Hospital.

Miss Doris Taylor (1921) is on the staff of the King's Daughters' Hospital, Duncan, B. C.

Miss Alice Decker (1920) has resigned her position in the hospital at Port Angeles, Wash., and is now office nurse for Dr. Raynor and Dr. Fowler, of Victoria.

#### VANCOUVER GENERAL HOSPITAL ALUMNAE ASSOCIATION

The many friends of Miss Beharrel will be pleased to hear that she is convalescing in Honolulu after a serious operation. Miss Beharrel has been in charge of a plantation hospital near Honolulu for some time.

Miss Alice Wright (1918) is ill in the V. G. H. Isolation Hospital with scarlet fever.

A number of the Alumnae met at the home of Miss M. Harris on April 1st, where a very pleasant evening was spent in sewing on the layettes which the Alumnae are preparing for Miss Wheeler to take back to China in the autumn. Miss Wheeler is one of the V. G. H. graduates, and has been doing missionary work in China for some time.

The staff of the V. G. H. gave a very enjoyable dance in the University auditorium on April 14th in honor of Dr. MacEachern, who has been granted a year's leave of absence to act as Director General of the V. O. N.

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### BIRTHS

**Carruthers**—At the General Hospital, Prince Rupert, B. C., on March 26th, 1922, to Mr. and Mrs. A. L. Carruthers (Winona Orr, Royal Jubilee Hospital, Victoria, B. C.), a daughter.

**Acland**—At Prince Rupert, B. C., on January 6th, to Mr. and Mrs. A. Acland (Miss Chambers, V. G. H., 1911), a son.

**Cole**—At Vancouver, B. C. on April 3rd, 1922, to Mr. and Mrs. A. C. Cole, of Estevan, Saskatchewan., a son. Nursing Sister Cole was stationed at Taplow and Buxton, England, and was Miss C. M. Hamilton, graduate Royal Devon and Exeter, England.

**Lavelle**—At St. Joseph's Hospital Hamilton, Ontario, on January 7th, 1922, to Mr. and Mrs. R. J. Lavelle (Lorette Moore, St. Joseph's Hospital, Hamilton, 1920), a son.



**Toller**—On January 14th, 1922, to Mr. and Mrs. J. A. Toller (Rhea Fitzgerald, Hamilton General Hospital of Montreal), a daughter.

**Billings**—On April 17th, 1922, at the Bute Street Hospital, Vancouver, B. C., to Mr. and Mrs. William H. Billings, a son. Mrs. Billings was Cecilia Johnstone, Vancouver General Hospital, 1917.

**Williams**—In Victoria, B. C., to Mr. and Mrs. Ben Williams (Edna Gray, St. Joseph's Hospital, Victoria), a daughter.

**Roney**—On March 27th, 1922, at the Toronto General Hospital, to Mr. and Mrs. Cusock P. Roney, a son. Mrs. Roney was Catherine MacLenan Cameron, Hospital for Sick Children, Toronto.

**Lang**—On February 24th, 1922, at Hillcrest Hospital, Toronto, to Mr. and Mrs. John Lang, 2514 West 40th Street, Minneapolis, Minn (Ethel Ingram, Hospital for Sick Children, Toronto), a son.

**Clark**—On April 6th, 1922, at Hamilton, Ontario, to Dr. and Mrs. T. Crossan Clark (Jessie MacDonald, H. S. C., Toronto, 1915), a son.

**Cockrill**—At Ste. Rose de Luce, Man., to Mr. and Mrs. Allen Cockrill (Bessie Peach, Montreal General Hospital), a son (Alexander Trevor).

**Spicer**—At the Vancouver General Hospital, April 3rd, 1922, to Mr. and Mrs. Earl Spicer (Madeline Mingay, Vancouver General Hospital, 1917), a daughter (Medeline).

## MARRIAGES

**Campbell-Driver**—Miss E. Driver, T. F. H., Weston, Ont., 1921, was married to Mr. James T. W. Campbell, of Calgary, Alta., at the home of Rev. J. Macartney Willson, February 3rd, 1922.

**Revely-Bond**—At Christ Church, Vancouver, B. C., on March 31st, 1922, Louisa Mary Bond (V. G. H., 1911), to W. Fred Revely, of Vancouver, B. C.

**Kneale-Watson**—At Wesley Church, Vancouver, B. C., on March 27th, 1922, Eula Watson, daughter of Mr. and Mrs. D. H. Watson, of Edmonton, and formerly of Summerland, B. C. (graduate of the Vancouver General Hospital, 1920), to Mr. Harry A. Kneale. Mr. and Mrs. Kneale left for New Zealand.

**Gofton-MacFadyen**—At Sydney, Australia, on April 27th, 1921, by the Rev. Mr. Scott, Lyda, eldest daughter of the late Mr. and Mrs. Archer MacFadyen, Manilla, Ont. (St. Luke's Hospital, New York), to Norman Gofton, son of Mr. and Mrs. Gofton, Newcastle-on-Tyne, Scotland.

**Hazelwood-Boyd**—At the residence of the bride's father, Hamilton, Ont., on March 15th, 1922, by the Rev. R. A. Knowles, B. A., Margaret McKenzie (Daisy) Boyd (graduate of the Hamilton General Hospital), to Mr. G. R. Hazelwood, of Hamilton.

**Tettley-Aubrey**—In February, at the Church of St. James the Apostle, Montreal, Gertrude Aubrey (M. G. H.) to Mr. Tetley, of Shawinigan Falls, Quebec.

**Nicholson-Cann**—Miss Amy Cann (Montreal General Hospital), of Sidney, C. B., to J. A. Nicholson, of Halifax.

## DEATHS

**Watts**—On March 25th, 1922, at the Ashcroft Hospital, of pneumonia, Georgina Watt, R. N. (Polyclinic Hospital, New York, 1910). Miss Watt was on the staff of Ashcroft Hospital at the time of her death, and had served during the war at Frank, Alta., and Balfour, B. C. The interment was in Vancouver. Much sympathy is expressed for her relatives by those who knew her and appreciated her worth and personality.



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### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

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Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

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Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

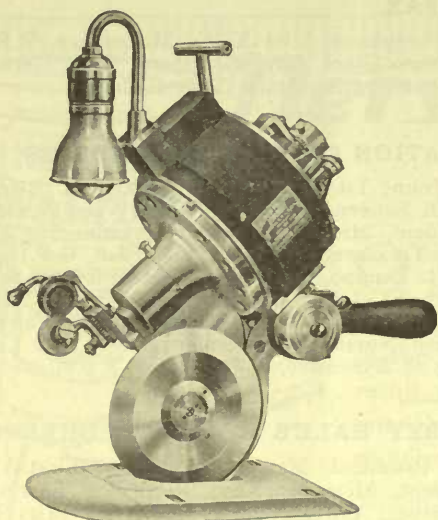
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Regular Monthly Meeting—Third Wednesday, 8 p.m.

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Regular Meeting, First Tuesday, 8 p.m.

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**THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.**

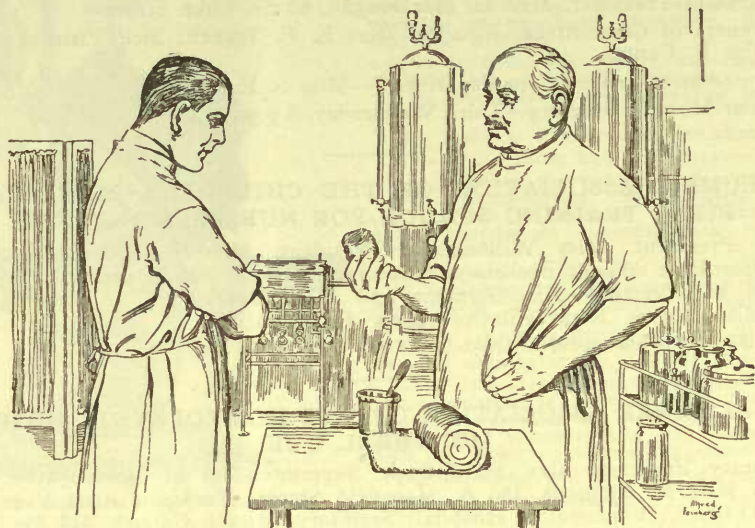
President, Miss Margaret Moore; Vice-President, Dr. M. J. McCurdy; Treasurer, Miss G. Stanley; Secretary, Miss E. Grace Woods; Nominating Committee, Miss Church, Miss Lovering, Mrs. Way.

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Representative to Central Registry—Miss T. Gurry.  
Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.  
Regular Meeting—First Tuesday, 4 p.m.

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ONTARIO**

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E. K. Russell.

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Vol. XVIII.

No. 6

THE  
CANADIAN  
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JUNE, 1922

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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

VANCOUVER, B. C., JUNE, 1922

No. 6

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## Canadian National Association of Trained Nurses' Memorial Committee Report

The members of the Canadian National Association of Trained Nurses are asked to send all communications to Jean I. Gunn, Chairman, Toronto General Hospital, until further notice. We regret to report that the Secretary, Miss E. K. Russell, is not able to act as secretary during the summer months, as she is spending the summer abroad.

### TREASURER'S REPORT

#### Receipts

British Columbia .....	\$2,015.00
Ontario .....	273.00
Quebec .....	2,630.10
Nova Scotia .....	50.00
Total.....	\$4,968.10

#### Expenditure

Expenses of National Committee .....	\$ 62.70
Bank Balance .....	\$4,905.40

### BUSINESS COMMITTEE

Since the last report the Business Committee has been appointed and has been actively at work. The members of the committee are Messrs. C. B. Cleveland, Lauren Harris, and Gerald Larkin. Mr. Cleveland, of the firm of Darling & Pearson, Architects, Toronto, is acting as secretary of the committee.

After careful consideration the Business Committee strongly recommends that an effort be made to secure permission to place the memorial inside the parliament buildings instead of in Major Hill park, as decided by the Minister of Public Works. This matter is now being taken up by the Business Committee and the National Committee.

### REPORTS OF PROGRESS IN PROVINCES

BRITISH COLUMBIA—The treasurer's report will show that British Columbia is beginning to get results from their campaign. A good deal of publicity work has been done, such as writing the board of trustees of the hospitals, superintendents of training schools, and nurses who are married and not in active work.

ONTARIO—The annual meeting of the Graduate Nurses' Association of Ontario, held in Brantford from April 20th to 22nd, provided an opportunity of reaching many of the Ontario nurses and discussing the memorial. The committee reports, in addition, plans for press publicity to reach nurses who will not be reached through nursing associations. All nursing associations and hospitals in the province have been written and plans for memorial explained. The nursing associations are just beginning to get results.

PRINCE EDWARD ISLAND—Very encouraging reports have been sent from this province. A mass meeting of nurses was held April 21st and a definite organization planned for the work of the memorial. Convenor and Treasurer, Miss Winifred G. Macleod, R. N., 7 Euston Street, Charlottetown, P. E. I. Other members of committee, Miss Georgina Pope, R. R. C., Mrs. Allison MacMillan, Miss Bessie Beer, Mrs. Fred S. Chandler, and Miss Eva Beers. Plans are being made very much along the same lines as the other provinces.

The remaining provinces did not report progress this month.

JEAN I. GUNN, Chairman.

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### A WORD OF ENCOURAGEMENT

The Welland Graduate Nurses' Association has fifteen members, but of this number only seven are resident in Welland and active in nursing work. The following extracts are taken from a letter which was received by Miss Holland, Secretary-Treasurer of the Ontario



Memorial Committee, from Miss Margaret McIntyre, the Secretary of the above association:

"At the convention held in Brantford on April 20th, 21st and 22nd, our delegate told of our plans for giving a concert to raise money for the war memorial. Our objective was \$200, and, if we cleared over that amount, the balance was to be given to the Hospital Board. The concert was held on April 27th. We cleared expenses and came out with \$50 over our objective of \$200. We have decided not to give the \$50 to the hospital at present, but to hold it until the summer, when we intend to give something in the line of a garden party. Our objective then will be the furnishing of the children's ward in our proposed new wing, which we expect to start building this summer. We are so glad we realized our objective of \$200 for the memorial fund. I am sending a cheque for same to you this afternoon in separate letter.

We wish the Memorial Committee every success."

The National Memorial Committee felt that by publishing this letter many of our faint-hearted members might take fresh courage.

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## Nursing and Health

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It is safe to say that the adverse criticism that was recently offered in *Pictorial Review* was beneficial to the nursing profession. A thoughtful perusal of all the articles, pro and con, should force some of us to conclude that if all the kind things said of us were true, and all the unkind ones untrue, our profession should be pre-eminently popular in any community. "Oh would more power some giftie gie us to see ourselves as ithers see us!" For are we not members of the human family possessing frailties and making failures as others? But surely our training has strengthened us to at least prove our worth. This last being the case, it behooves us to be up and doing lest we be overtaken by a worse fate than adverse criticism. With the editors permission I would like to discuss some facts dealing with the "sub-service" or non-graduate group of workers.

In the first place, these facts have been gained by direct contact and through close observation of the work and the workers. Only in that way can a correct diagnosis of any situation be obtained. Consequently, Dr. Mayo's adverse criticism of us was unfair to himself and to other members of his profession. On the other hand, while it was most gratifying to learn the opinions of the professor and physician who so ably defended us, his conception of the "sub-service"

group was based on Dr. Mayo's vision of an army of inferiorly educated women, trained to supplant the registered nurse. The real facts of the situation are that "sub-service" exists in every profession and in all industries.

The difficult problems to overcome in the nursing situation is caused by delayed or inadequate legislation, and not by autocratic or unreasonable measures. The laws of this and every other progressive country should make it compulsory for all women who seek employment as nurses to register, and should compel all non-graduate or "sub-service" nurse to work under registered supervision. When such a law is enforced, we will be able to control "this situation" that has become "so alarmingly serious." I know of no service that has been "commercialized" as has the nursing service. Thousands of dollars have been collected annually, especially from non-graduate nurses, by unscrupulous women. These women ignorantly undertake to supply the public with nurses, and very often substitute an untrained or unskilled service when and where skill is needed. Members of the community suffer in consequence. Unfortunately many physicians have upheld this practice, because it was to their own interests to do so. In addition to this, a still greater wrong is to some extent being perpetrated, namely, women with inferior or no knowledge of nursing and health are employed, because so many are unable to pay for a skilled service. Naturally the financial uncertainty and the present unrest of the country has not lessened this "difficulty." Remedial measures are available, however, if our profession would only lead up to them. Equal and definite standards of training, established through colleges of nursing, adequate legislation for the fully trained nurse, compulsory registration and supervision of the work of the non-graduate nurse, together with state collection and administration of all funds for health service, are measures that will eventually overcome or adjust all these problems. There are many who will tell us that such measures are not feasible. To such I would say that present conditions are developing just such a system. Similar educational measures have been applied in other professions and are being used to finance the educational service—gradually they will be successfully introduced into ours. Health is as important as education; without it we cannot obtain or use an education. Very slowly the "suffering public" will learn this lesson through the school of experience, and presently we will all agree that wisdom does not prompt the superintendent of a hospital to deny or defy nursing traditions; nor does it permit her to teach or claim superiority for graduates of her training school. Unitedly and collectively we stand for the health of our country and our communities.

Self-interest in nurses and in training schools is what tends to autocracy, hinders efficient "service" and delays adequate registration. The education of women for nursing should be incidental to nothing,



not even to the care of the sick in the hospital where nurses are being trained. Out of 18 applications received by the Home Nursing Association, Toronto, in 1921, only three were able to correctly record temperature, pulse and respiration. This, in spite of the fact that, with one or two exceptions, all these applicants had served in hospitals as nurses for periods ranging from three months to eleven years. These facts are appalling, combined with our failure to secure adequate legislation for nurses in Ontario. They are proving a menace to health and to the work of our profession. A large portion of remedial nursing in homes where poverty and ignorance prevails is still left to women of this type; consequently, they are a detriment to all organized health effort. On the other hand, it has been amply proven that those "sub-workers" who are willing to work under recognized supervision are providing a service in the community that is economical and useful.

M. A. GIBSON, R. N.

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## **A Course in Chemistry for Student Nurses**

BY C. A. MILLS, PH.D.

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What benefit is to be derived from a knowledge of chemistry except when such knowledge be used in a technical way? This is an important question when we come to consider the teaching of chemistry to student nurses.

It has been recognized pretty generally in recent years that all college students should spend at least one year in the study of some scientific subject, whether it be chemistry, physics, botany, zoology, or biology. Such study is not advised with the thought that the knowledge will ever be of much practical use to the individual, but its purpose is rather to add to the general cultural effect of the college education, that is, to aid in acquainting the student with the past and present of his surroundings and to give him a deeper appreciation of life in all its forms. We are all interested in the processes going on around us just in proportion as we comprehend their significance and understand what forces are acting to produce the observed effects.

Take, for instance, the changes observed in such a simple substance as water. What do most people see of interest in this common substance? Nothing, except to marvel at the beauties of frost crystals on the windows and at the fresh whiteness of the snow. The changes that water undergoes are in evidence all around us so constantly that we do not even wonder at the forces producing such changes, and yet how interesting these same processes become if we gain an insight into their

nature. Take, for instance, the simple boiling of water—what are the bubbles of gas rising to the surface and escaping? what causes their continued formation in the water? just how do the water molecules effect the change from liquid to gaseous state? why will water boil at a lower temperature at high altitudes and at higher temperatures under pressure? These and a dozen other questions render this simple phenomenon very interesting indeed to the knowing observer. Or we might ask how many see anything interesting, except in a commercial way, in the storage of what we term foodstuffs by various plants, such as corn, wheat, oats, rye, etc. Would not farming be more fascinating if the farmer could picture the forces causing this storage of food material, the part played by the sunlight and chlorophyl, the carbon dioxide of the air and water of the earth?

But for nurses and physicians, especially, who are dealing with human bodies directly in most of their working hours, would it not add greatly to the pleasure and the intelligence of their work if they could have a clear mental picture of all the physiological processes of the patient and how these might be altered pathologically? At present such mental pictures must of necessity be somewhat vague because of lack of absolute knowledge, but all that is available should be at hand. The tendency now in the better schools of nursing is to give the student nurse ever-increasing amounts of knowledge of the human body. This knowledge of the patient can come only through a comprehension of the chemical and physical processes involved in the performance of the body functions. After all, the nurse has entire charge of the patient a major part of the time.

Another direction in which the nurse should be especially prepared is in regard to the composition of foods, food values and the proper arrangement of different diets. In this respect her knowledge should surely equal that of the physician, if not exceed it. The physician is called upon to decide what kind of diet is indicated, but the practical application of the diet comes more in the sphere of the nurse.

Now to accomplish the desired general cultural effect of scientific study and to give the student nurse the greatest possible knowledge of the human body, in the one semester that is available at present, what kind of a course in chemistry should be given? This will depend somewhat on the class of students available. In those schools not requiring a high school education, the problem is difficult and the results will be less satisfactory, but with high school graduates matriculating as regular college students, practically all of whom have had one year of study in some science (physics, chemistry, or biology), surprising advance may be made toward a somewhat comprehensive general knowledge of chemical processes, and in particular of those occurring in the body. The character and content of such a course as successfully given in the School of Nursing and Health of the University of Cincinnati is indicated below.



The course covers one semester of 16 weeks and consists of 45 hours of lectures and 90 hours of laboratory work. The lectures may be roughly divided as follows: General introduction, 3 hours; inorganic chemistry, 8 hours; organic chemistry, 8 hours, and physiological chemistry, 26 hours, which are divided into carbohydrates, 3 hours; fats, 3 hours; proteins, 4 hours; digestion, 4 hours; blood, 3 hours; excretion and urine, 3 hours; metabolism in body, 4 hours; starvation, internal secretions and vitamins, 2 hours.

In the general introduction the aim and purposes of the course are put before the students, making as clear as possible the benefits they may derive from the work in a general cultural and in a practical way. An attempt is made to give some workable imaginary picture of atoms and molecules that the students may use in picturing to themselves the reactions. A few fundamental definitions are given. The different states of matter, with changes from one state to another, are discussed and taken up in some detail for water. The heat transformations in passing from ice to steam are emphasized, especially the high heat of vaporization, since this fact has great significance in perspiration.

Inorganic chemistry is dealt with as brief as possible, still leaving with the student a general knowledge of the subject. The non-metals (H, O, C, N, S, P, Cl, Br, I, F) are each taken up briefly as regards their occurrence, state, activity, combinations, etc. The burning of these elements, except the halogens, with oxide formation, is dwelt upon, as well as the acid formation from these oxides. The halogens are discussed as a separate subdivision, the points of similarity being noted. Next the metals are briefly classified and discussed by classes, pointing out individual points of interest in regard to each metal. Acids, bases and salts are then taken up, together with considerable drill in writing equations for reactions.

Organic compounds are considered by classes, as hydrocarbons (saturated and unsaturated), alcohols, aldehydes, acids, ethers, esters, etc. The interrelation of the classes is emphasized, together with the changing of a substance from one class to another by oxidation or reduction (except for ethers and esters). The members of each class in common usage are discussed as examples of the class. The attempt throughout is made to give the students a connected, comprehensive idea of the whole field, without burdening them with a mass of details. The polyhydric alcohols are discussed briefly, especially glycerine, in order to lead up to the carbohydrates and fats later. The dicarboxylic and tricarboxylic acids (tartaric, oxalic, citric) are mentioned because of the frequency of their use in foods and medicine. Aromatic compounds are taken up very briefly, giving the formulas of the simpler aromatic drugs such as phenol, aspirin, sodium salicylate, etc. Amino acids are defined, their relation to fatty acid shown, and their importance in protein formation pointed out.

Almost sixty per cent. of the course is spent in the study of physiological chemistry, and this represents the relative importance of this part of the work in the writer's opinion. The chief aim of the course, then, is to give to the students a fair understanding of the chemistry of the body processes. Much benefit is derived from explaining those inorganic and organic chemical reactions with which the nurse deals constantly in her work with drugs and solutions, but to make this the principal aim of the course, as is done by most of the writers of chemistry textbooks for student nurses, so far, seems to the writer to be a grievous error. It is the human body upon which the nurse focuses most of her attention and it should certainly be made possible for her to understand this main point of interest. The fact that the course deals mainly with the human body lends much more interest to the work, so that there is never any lack of attention on the part of the students. The results obtained are highly satisfactory.

The laboratory work is given in two three-hour periods a week and constitutes for each student the following experiments:

#### INORGANIC CHEMISTRY

Preparation and properties of hydrogen; preparation and properties of oxygen; test for presence of  $\text{CO}_2$ ; neutralization of an acid by a base; separation by distillation; preparation and properties of iodine; solubility of iodine; tests for iodine; preparation and properties of acetylene gas; preparation and properties of  $\text{CO}$ .

#### ORGANIC CHEMISTRY

Qualitative analysis of cane sugar; saturated and unsaturated hydrocarbons; iodoform tests for alcohol; aldehyde formation from alcohol; acetate test for alcohol, oxidation of alcohols to aldehydes; detection of formaldehyde in milk; reducing test for aldehydes; properties of acetic acid; higher fatty acids; dibasic organic acids; esters.

#### PHYSIOLOGICAL CHEMISTRY

Fats and saponification; solubility of fats; acrolein test for fats; Fehling's test for carbohydrates; hydrolysis of a disaccharide; color test for carbohydrates,—Molisch; fermentation of carbohydrates by yeast; composition of proteins; color reactions of proteins: biuret, Millon, xanthoproteic, Molisch, reduced sulphur reaction; heat coagulation of proteins; coagulation by alcohol; precipitation of proteins by salts,—“Salting out”; precipitation of proteins by salts of heavy metals.

*Digestion:* Action of saliva; clotting of milk by rennin; digestion of proteins by pepsin; pancreatic digestion of starch; fat digestion.

*Blood:* Swelling and shrinking of corpuscles; hypertonic, hypotonic and isotonic solutions; hemolysis or laking of red corpuscles; “Ghosts” of red cells after laking; coagulation of blood; properties of hemoglobin; properties of blood fibrinogen.

*Urine:* Reaction; specific gravity; test for chlorides; test for sul-



phates; test for phosphates; indican test; test for proteins in urine; test for creatinine; test for glucose; test for bile pigments; test for blood in urine; preparation of urea.

*Quantitative urine analysis* (24 hour samples of urine collected under different conditions, such as high protein diet, low protein diet, high phosphorous diet, and starvation): volume; specific gravity; total acidity or alkalinity; total nitrogen; ammonia; creatinine; glucose; protein.

The laboratory equipment for each student comprises the following articles:

#### NET COST OF EQUIPMENT OF NURSE'S DESK

1 box filter paper, 60 mm, 10c; 1 box matches, 2c; 1 test tube brush, 3c; 1 wire gauze square, 4c; 1 beaker, low, with lip, 150 cc, 15c; 2 beakers, low, with lip, 250 cc, 50c; 1 beaker, low, with lip, 500 cc, 30; 2 bottles, narrow mouth, 90 cc and 1000 cc, 20c; 4 bottles, wide mouth, 250 cc, 20c; 1 burner, Bunsen, with rubber tubing, 53c; 1 clamp and attachment, iron, 18c; 1 cylinder graduate, 100 cc, 50c; 1 deflagrating spoon, 7c; 2 evaporating dishes, porcelain, 7 cm. and 10 cm., 35c; 1 file, triangular, 6c; 3 flasks, Florence, 150 cc, 300 cc, and 500 cc, 80c; 2 funnels, 5 cm. and 10 cm., 60c; 1 funnel support, \$1.25; 4 glass plates, 3 x 3 inches, 40c; 1 mortar and pestle, porcelain, 21c; 2 pinch clamps, Mohr's, 34c; 1 ring stand, 48c; 3 rings, iron, 24c; 1 spatula, horn, 26c; 12 test tubes, 6 inch, \$1.80; 1 test tube, side neck, 15c; 1 test tube holder, 10c; 1 test tube rack, 26c; 1 test tube, hard glass, 11c; 1 Thermometer, 150° c., 68c; 1 tripod, iron, 18c; 1 tube, thistle, 11c; 1 watch glass, 50 mm., 3c; 2 watch glasses, 100 mm., 12c; 1 gas collecting tube, . . . 1 Water bath, . . . ; 1 condenser, Liebig's, \$1.25; 4-ft. rubber tubing, 24c; 1 fermentation tube, 20c; 1 ureometer, \$1.25; 1 hydrometer, \$1.30; 1 burette, 50 cc graduate, 55c;—Total \$16.14. 1 Dubosque colorimeter, \$85.25.

The total estimated cost per desk is about \$16.00. Such an outfit might well serve for two students where funds are limited. The colorimeter (\$85.25) is used only for the creatinine determination, and might be omitted if necessary. A rough estimate of the value of the chemicals used by each student gives \$1.50 to \$2.00. Besides this there is usually a breakage charge of \$1.10 to \$1.25 per student for glassware and rubber tubing destroyed.

The laboratory work is given here in the regular medical biochemical laboratory and the experiments were so selected as to use the chemicals and solutions already on hand for the medical bio-chemistry class. This simplifies the laboratory work very much.

As textbooks for the course, there is no one that is satisfactory for the whole course. The one recently published by Professor Annie Louise MacLeod of Vassar College is perhaps the most nearly the

desired kind so far as its table of contents indicates, but the treatment is entirely too limited throughout to give the broad view of the subject desired. So far we have merely referred the students for supplementary reading to any good inorganic and organic chemistry available, and to Mathews' Physiological Chemistry for the rest. This is not satisfactory because of the mass of details given in such books which only acts to confuse the students and sometimes causes them to miss the important points.

There is undoubtedly a serious need of a proper textbook of chemistry for the use of student nurses. This is made very evident by the large number already on the market.

So much for the course in chemistry. Now how about teachers to give such a course? What qualifications are necessary or advisable? It is well known that no one can teach well that with which he himself is not thoroughly familiar. Nothing so well shows a person how little he knows of a subject as the attempt to make that subject really clear to students in a limited time. We may say, in general, that for one to have the proper background for the presentation of chemistry to student nurses, one should have had good courses in physics, physical chemistry, inorganic chemistry, quantitative analysis, organic chemistry, physiological chemistry, and as much work in the biological sciences as possible. Botany and zoology are not necessary, but would give a useful addition to the background. Human anatomy and physiology should be included by all means, while pharmacology, pathology and bacteriology will be found very useful at times. It really amounts to saying that the instructor should be a chemist and a biologist combined in order to make the most of chemistry from the view point of the nurse's needs.

—*American Journal of Nursing.*

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## Public Health Activities in the Province of British Columbia

(MRS.) EVA. D. CALHOUN, R.N., V.O.N.

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A recent comprehensive outline of Public Health Nursing has given the following definitions:—

"This is a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as a fundamental principle and developing from it all forms of educational, advisory and administrative work that tends to prevent disease and raise the standard of health of the community."

Therefore, when we speak of public health activities, a vision is at once disclosed of an immense field of endeavor, with its two important



divisions, one affecting the rural, and the other the urban community.

In British Columbia, owing to the geographical formation of the province, we have problems peculiar to ourselves.

Large centers of population are few in number, while the dwellers in rural districts are for the most part living in extreme isolation. Our wonderful mountain scenery is the pride of the nation, but it is this very ruggedness that makes our rural problem unique.

Between the towering hills, the fertile valleys—isolated from each other—are rapidly being settled, owing to the development of our exceptionally valuable natural resources.

As this development takes place, all kinds of people are being attracted, small communities spring into being, and, in proportion to the prosperity of the surrounding country, become wayside villages, or expand into enterprising, progressive country towns, and, to keep pace with this development, is a bigger problem than is presented by rural nursing in many other provinces.

We have yet to possess the desired network of railways that will break the isolation of the small rural community.

It should be remembered, moreover, that this was the last Province to enter Confederation, and that it is only thirty-five years since we were linked with the other provinces of the Dominion by means of a transcontinental railway.

Since that time rapid development and extension have taken place, the young province keeping abreast and often forging ahead of the older, more settled parts of the Dominion.

The activities of public health nursing have kept pace with this development and extension.

Sometimes a backward glance is in the interests of a forward venture, and old landmarks may provide new milestones.

In the early days public health nursing in British Columbia was carried on principally in the cities, under the auspices of the Victorian Order of Nurses for Canada, which organization was founded in 1897.

This was later augmented by the nursing service provided by the school boards and city health departments.

Throughout rural British Columbia there was then, as now, urgent need for the public health nurse, but little was done to meet this necessity, with the exception of certain districts opened by the Victorian Order, and cottage hospitals established by that organization under the Lady Minto Fund, the majority of which have now been taken over and are being financed by the local municipalities.

Several reasons existed for this apparent lack of public spirit and interest in community health and welfare.

It has already been mentioned that the population of the province was widely scattered, and means of transportation was another great drawback.

Much valuable time has been spent and great expense incurred in transforming the forest trails into highways for the faithful Ford—the present day companion of many public health nurses.

However, two other very important causes were responsible: Firstly, a lack of realization on the part of the general public, both rural and urban, of the benefits gained from preventive measures; and secondly, an insufficient number of nurses possessing both the qualifications and inclination necessary to carry on, in the remote rural communities.

It was realized by those officially connected with the health of the public that some new programme was essential in order to demonstrate health principles.

However, before this could be accomplished, the country was plunged into war, and the energies of everyone were directed along the various lines of war activities.

As the results of the medical examinations at the various recruiting depots became known, the public were surprised and aghast at the high percentage of men who were rejected as being physically and mentally unfit.

It was vividly impressed upon both the professional and lay mind that immediate steps must be taken to raise the standard of health in the community, if we were to conserve the energy and efficiency of the nation.

With this impetus came the demand for specially prepared nurses for public health work.

The Victorian Order of Nurses for Canada has long been recognized as the Dominion-wide Public Health Nursing Service, and it was, until two years ago, the only machinery available for giving the practical training to the public health nurses in Canada.

If the university standard was desired, it was necessary to attend a specialized course at one of the colleges in the United States. This frequently meant that this highly trained worker was absorbed by some American association and thus lost to Canadian endeavours.

Two years ago Canadian nurses urged that public health training be made available in the universities of Canada.

This has met with complete co-operation, and today several efficient, comprehensive courses are open to the graduate nurse.

The University of British Columbia has taken a very active part in this forward movement, assisted by the Canadian Red Cross Society, which has generously endowed a chair of public health.



Miss Mary Ard McKenzie, R.N., who is an exceptionally outstanding leader in the profession, is the Director of Public Health Nursing at the University of British Columbia.

The first public health course at the University of British Columbia was opened in November, 1920, and was four months in duration. This was later extended to cover the full academic year.

The Victorian Order, recognizing that the university is the logical body to provide the theoretical training, has discontinued its post-graduate course, but is co-operating with the various universities throughout Canada by giving the post-graduate students their field work in the bedside care of patients in the homes, where conditions are vastly different to those found in hospitals, special emphasis being laid upon the pre-natal, post-natal, and child welfare departments.

As each university class graduates, the possibilities for the extension of the public health work in the province are increased.

With this progressive, forward-looking movement, the demand for leaders to fill executive and administrative posts has also been increased.

The Provincial Board of Health is opening up certain rural districts and now have public health nurses established at Duncan, Keremeos, Vernon, Vanderhoof and Kelowna, while plans are under way for further developments.

The Red Cross Society have included in their peace-time programme the extension of the rural nursing service.

Mrs. Anna M. Stabler has recently been appointed the Provincial Director of the Red Cross Nursing Service, and under her capable leadership public health activities are being carried on at the following centers:— Malakwa, Celesta, Creston, East Arrow Park, Waldo, Mount Olie and Kamloops.

Arrangements are being made for additional extensions in the near future.

The Victorian Order of Nurses for Canada have, in recent years in British Columbia, turned their energies more to the needs of the people in the larger centers of population, where much distress and poverty is encountered. Branches are established in the cities of Vancouver and Victoria, in South Vancouver, Burnaby, New Westminster, North Vancouver, West Vancouver, Saanich and Metchosin.

The rural work carried on by the nurses of the Provincial Board of Health, the Victorian Order of Nurses, and the Red Cross Society, is very similar, all phases of public health work being touched upon.

In many instances, the bedside care of the patient is most important, and is frequently the avenue through which the public health nurse can begin to carry on her educational campaign.

At the Saanich branch of the V. O. N., a health center has been established by the Saanich Memorial Committee.

General visiting, nursing and school nursing are undertaken from the center, while a well babies' clinic is held every fortnight and a chest clinic once monthly.

Perhaps the most interesting department of this health center is the dental clinic, which is held every morning. An up-to-date dental equipment has been installed and a skilful, fully qualified dental surgeon is in charge.

Owing to the great distances between the schools and the health center, the school nurse calls for and brings to the clinic each morning the school children who are to be treated. Where examination is only necessary, they are immediately taken back to school when the dentist has completed his scrutiny, while the others remain for treatment. Complete dental records are kept on file and certain nominal fees charged.

The dental clinic was opened about the middle of October, 1921, and since that time the dental work of 250 pupils has been completed.

The teachers report considerable improvement in the work of the pupils who have received dental attention, owing to the higher standard of health resulting from this care.

At intervals a clinic is held for the removal of tonsils and adenoids.

The school nurse at Saanich tells a delightful story of one little girl who was very deaf. She had extremely large tonsils removed and also had received some dental attention at the health center.

One day, while sitting beside the fire, she exclaimed, "Oh, mother! I can hear the tea-kettle singing!"

The poor child had never heard this homely sound before.

Surely, the efforts of the public health nurse in this instance, at least, were happily rewarded.

A health center conducted along similar lines is also established at the Provincial Public Health District of Duncan.

In the scattered, sparsely settled districts, cared for by the Red Cross, the establishment of health centers is not considered feasible, child welfare work being carried on in the homes.

Much credit and sincere praise must be extended to the members of the women's institutes throughout British Columbia.

The aims and objects of this organization are to improve conditions of rural life so that settlement may be permanent and prosperous in the farming communities.

Recognizing that the question of good health is of paramount importance, public health nursing has a definite place on their programme.



Much of the progress throughout the Province is due to their propaganda and untiring interest.

A word of appreciation must also be added regarding the splendid assistance rendered by the British Columbia Parent-Teacher Association.

The members of this organization are standing solidly behind all recommendations for the welfare of the community, and add great strength to the efforts of the voluntary workers.

At the present time nearly seventy public health nurses are on duty in the rural and urban districts of British Columbia.

In the cities of this province, also, much progress has been made during the last few years.

The school nurses and the Victorian Order nurses have, perhaps, been established for the longest period.

The work of the school nurse along the lines of prevention and teaching of health principles is familiar to all, as are also the efforts of the Victorian Order in the various departments of pre-natal, post-natal and child welfare activities, as well as general bedside nursing.

In the larger centers the child welfare work is gradually being taken over by the different city child hygiene departments. This includes well baby clinics, home visiting, etc. The department commences with the new-born infant and endeavours to care for the child up to school age, when, with the record of the case, the supervision is transferred to the Medical Inspector of Schools.

Among the more recent developments we find the establishment of the Rotary Clinic in Vancouver, for the treatment of chest diseases.

Under the supervision of the Medical Superintendent the work is most efficiently and progressively carried on. He is assisted by clinic and visiting nurses.

A Fresh Air School is conducted in connection with the clinic, and last year a fresh air camp for children was established, resulting in remarkable demonstrations as to the change that can be made in the health of children by putting them under proper living conditions.

The hospital social service work is developing rapidly. At the Vancouver General Hospital this has become a regular authorized department, financed by the Women's Auxiliary.

The scope of the work is most elastic, and includes visits to the hospital wards, follow-up visits in the homes, arranging for the bringing in and taking home of patients where necessary; the adoption of babies, and many other activities too numerous to mention at this time.

The government clinic for combating venereal disease is another department owing its existence to the recently developed public health consciousness.

During the two years that this clinic has been operating in Van-

couver, 2,000 patients have been treated, the daily average being 125.

The establishment of these clinics extends the benefit of treatment and preventive measures to many who would otherwise never be reached.

The S. C. R. Medical social service work is another important activity, resulting directly from the effects of the recent war, the problems of returned men and their families being the special care of this department.

Three workers are employed, two working in and from Vancouver, and one in Victoria and vicinity. Their efforts are directed chiefly to follow-up work among the tuberculous and those suffering from mental or nervous afflictions. It is recognized that a man cannot regain or retain physical or mental health if subject to too great a strain through privations or worry. In trying to prevent any undue amount of either, the S.C. R. nurses seek the co-operation of every other public health or social agency in the community.

The work of public health nurses connected with official relief departments is also extending.

Investigations of home conditions and dispensing relief where necessary are its principal activities, but as numerous other duties are constantly appearing, it is impossible to limit the extent or overestimate the value of this branch of service.

In time, as opportunities present themselves, other lines of public health nursing will be developed. It is the earnest desire and ambition of everyone engaged in this work that British Columbia will not only be the show-place of Canada, from a scenic standpoint, but will be the outstanding exponent of the principles of health.

The field of the public health nurse is limited, and new avenues of endeavour are constantly presenting themselves.

The great underlying principle of public health is that "Prevention is better than cure." One authority has said: "It is better to put a fence at the top of the precipice than an ambulance at the bottom."

The value of preventive measures can only be brought home to the large majority by the efforts of the public health nurse.

She must, above all, know how to teach. Her teaching, as well as her nursing, must have a sound technique, and a painstakingly practical, rather than an inspirational method.

With the progressive movement of public health, the value of records and statistics is coming to the foreground with greater emphasis than ever before.

We have reached the stage where not only must work be done conscientiously and painstakingly, but some permanent record must be left as a basis for comparison and a foundation upon which workers in coming years can build a new structure more perfect than our own.



Particularly is this true of any organization working for the welfare of the community.

Only in proportion to the accuracy and number of statistics that are turned in to the head office by the nurses in the field can the leaders of the organization ascertain its growth and obtain a true perspective of the various branches of the work along which the greatest development has taken place.

The compilation of statistics involves the expenditure of considerable time and thought, and is frequently accompanied by much burning of midnight oil.

Nevertheless, these statistical efforts will be the only footprints left behind to give the coming generation of workers any evidence of present labors and hard won achievement.

No resume of public health activities would be complete without mentioning the splendid services of the voluntary workers who so loyally support the efforts of the trained workers.

In both rural and city districts the combination of the public health nurse and her committee or auxiliary is working out most successfully.

The great task of the committee is that of raising money to carry on the work and of justifying to the Public its expenditure, as they represent the public interests.

The relationship between the public health nurse and the lay committee should be a very close one, founded on mutual respect and confidence. and, where this does exist, almost nothing is left to be desired for hearty co-operation.

Notwithstanding the fact that a small minority hysterically decry the higher education of the nurse, the consensus of public opinion is demanding more efficiency and higher standards. Few indeed would wish us to revert to the ideals of "Sairy-Gamp."

Current events plainly indicate that the public health nursing field demands more nurses with complete equipment, more clearly defined and closely co-ordinated work between doctors and public health nurses, and more facilities for spreading the gospel of prevention among the people.



## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

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### LECTURE X.

#### SECTION 22.

#### NURSING IN THE GREAT WAR.\*

(a) *The British*, (b) *The Canadian*, and (c) *The American Army Nursing Services*; (d) *Edith Cavell*, and others.

(Continued)

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The first member of the corps to be in charge of the A.E.F. nursing forces was *Miss Bessie S. Bell*, formerly Chief Nurse of the Walter Reed Hospital, Washington, D.C., who arrived November 13th, 1918, when *Miss Julia C. Stimson* was appointed Director of Nursing Service, A.E.F., a position created by act of July 9th, 1918. Miss Stimson was formerly Chief Nurse of Base Hospital No. 21 (St. Louis Unit), and had been in France since June, 1917. Between April 10th, 1918, and November, 1918, she had served as Chief Nurse of the American Red Cross in France, and was stationed at Paris.

From the time the United States entered the war, enrollment of nurses was pushed by every possible means, and, as fast as could be done, hundreds were sent overseas. By the end of November there were 10,000 army nurses in France and 11,000 on duty in the United States. By January 1st, 1919, the first unit of nurses was returned to the United States, and from then on the reduction of the nurse Corps in France was rapid and steady. Demobilization in the United States began immediately after the armistice, and was very rapid, as many as 2,500 nurses being returned to civil life in a month.

The American Nurses suffered few casualties. Only three of them were wounded in enemy action, and not one was killed. The loss by sickness and accident was comparatively low. In both the A.E.F and the United States only 266 deaths occurred among the 21,480 members of the Army Nurse Corps, during the war, 102 of which were overseas. Influenza was the cause of the largest number of deaths. Statistics are not yet available to show the number who suffered disabilities on account of their war service.

Two hundred and sixty-seven members of the American Nursing Service received decorations or citations. The decorations are grouped as follows:



American—Distinguished Service Cross, 3; Distinguished Service Medal, 3. French—*Croix de Guerre*, 28; *Médaille d'Honneur des Epidémies*, 68; *Médaille de la Reconnaissance*, (Française) 3. British—British Military Medal, 2; Royal Red Cross, First Class, 16; Royal Red Cross, Second Class, 53. Russian—Silver Cross of St. Anne, 12; Belgian—*Médaille de la Reine*, 1. Roumanian—Order of the *Croix Reine Marie*, 4; The Florence Nightingale Medal, 1.

Never before in history had such a thing occurred; the sending across 3,000 miles of danger-strewn seas of 10,000 soldier women to be a part of a great expeditionary force. It was a stupendous undertaking, accomplished by the combined efforts of people and organizations, and developed little by little throughout the months of the war. But not only was the deed accomplished, but an almost equally great feat was performed at home, for while 10,000 nurses were part of the army overseas, 11,000 were taken into the army and kept in the hospitals in the United States, where they labored as devotedly as the women overseas.

All through 1919 and 1920 the nurses were gradually demobilized, till in 1921, the Army Nurse Corps consisted of approximately 11,000 members, who are stationed in army hospitals throughout the country.

The Army Nurse Corps now belongs to the officer class, since the Army Reorganization Bill of June 4th, 1920, gave the members relative rank, second and first lieutenants.

The army nurses were the most fortunate women of the country during the war. They, with all women throughout the land, longed to be of service, and the nurses had the desire of their hearts.

(Signed) JULIA STIMSON, M. A.

Major, Superintendent of Army Nurse Corps.

and Dean, Army School of Nursing.

The Army School of Nursing of the United States was authorized on May 25th, 1918. The first dean was Miss Annie Goodrich, who is to be regarded as its founder. The exercises of the first graduating class were held at the Walter Reed General Hospital, Washington, D.C., in June, 1921. The other branch of this school is located at the Letterman General Hospital, San Francisco, and its first graduating exercises were held on July 14th, 1921, with ten graduating nurses. Major-General Ireland, Surgeon-General of the United States Army, presented the diplomas on both occasions, and Major Julia Stimson and Miss Goodrich delivered an address.

Slide 250—Jane A. Delano. A great administrator, organizer and leader of American Army Nursing in the Great War. First Chairman of the National Committee on Red Cross Nursing Service and Directress of the Department of Nursing of the United States Government at its entrance into the war. She brought about complete co-ordination between the Army Nurses' Corps, the Red Cross and the American Nurses' Association, co-operated with the Committee on Nursing of the Council

of National Defence, and was the recognized leader of the remarkable organization by which the number of nurses enrolled in the American army rose from a few hundred to over 25,000 in two years of the war. She combined with remarkable qualities of leadership high professional standards and lofty personal ideals, qualities of wisdom and judgment and a heroic devotion to duty which brought her recognition as one of the great names in the history of the Nursing Service of the World War.

Born at Montour Falls, N.Y., in 1862; graduated from Bellevue Training School for Nurses, New York, 1886; became Superintendent of Nurses' Hospital, Jacksonville, Fla., during the epidemic of Yellow Fever in 1887; while here, insisted upon the use of mosquito netting for her fever patients, although the connection had not yet been discovered; in charge of the nursing activities in Mining Camp Hospital, Bisbee, Arizona; Superintendent of Nurses' University Hospital, Philadelphia, Pa., 1891-1896; Superintendent of Girls' Department, House of Refuge, Randall's Island, N.Y., 1900, to April, 1902; Superintendent of Training School for Nurses, Bellevue Hospital, New York, May, 1902, to October, 1906; in 1908 travelled abroad; 1909 accepted Chairmanship of Red Cross Army Nurse Corps, in which capacity she travelled in the Philippines, Hawaii, China and Japan, and was decorated by the Japanese Government, the American Institute for Social Science, by Greece, and by President Taft on behalf of the Red Cross. From 1908 to 1911 was President of the Board of Directors of the American Journal of Nursing. President of the American Nurses' Association from 1909-1912. In 1912 resigned Superintendency of Army Nurse Corps to devote entire time to the Red Cross Nursing Service. In 1919 sailed for France on the SS. "George Washington," January 2nd, and died at Savenay, France, April 15th, while on active duty for the American Red Cross.

(See the Red Cross Bulletin Memorial Number, May 12th, 1919).

Slide 251—Miss Delano. Full figure in nurse's costume. Published American Journal of Nursing, March, 1920.

Slide 252—Miss Delano, with Brigadier-General Jefferson R. Kean (left), and Brigadier-General William P. Ennis, on deck of SS. George Washington," January, 1919.

Slide 253—Miss Bessie S. Bell. Miss Bell was born in England. She received her professional training at the Boston State Hospital. For three years she did private duty nursing, and in 1909 was appointed in the Army Nurse Corps, and had a wide experience in army hospitals, serving at stations both in the United States and the Philippines. She was promoted to the grade of Chief Nurse in 1917, and during that month sailed for Europe for assignment to duty as Chief Nurse at Headquarters, Lines of Communication, American Expeditionary Forces, effective Nov. 15th, 1917. Miss Bell returned to the United States in December, 1918, when she was promoted to the grade of Assistant Superintendent, Army Nursing Corps in the office of the Surgeon General, Washington. She served in that capacity until July 7th, 1919, when she returned to the grade of Chief Nurse, and has since continued her service in the Army Nurse Corps, in the office of the Surgeon General, Washington. She was awarded in April, 1919, a citation by the Commanding General of the A. E. F. for exceptionally meritorious and conspicuous service at the Chief Surgeon's office, Tours, France.

(To be Continued)



## Editorial



The Memorial Fund Committee are working, as we all can see from the report printed in another part of the magazine, with the hope that our memorial will, after all, be placed within the parliament grounds or buildings as we had wished it might. As we can also see from the first report sent in by the treasurer of the moneys received, the work of collecting goes on very slowly. Have we all really realized just what this memorial is? It is a recognition, by a permanent memorial placed in Ottawa, of the devotion to duty and true patriotism of those sisters (Canadian nurses) who spared nothing, not even their lives. It is to be an expression of the pride in and respect for, as well as remembrance of, these women.

We all mean to give but put it off, and this makes the work of the local, provincial and national committees much more difficult. Perhaps we as nurses are apt to have, with our training and busy practical lives, too much of a materialistic and utilitarian point of view, which keeps us from seeing the value to ourselves (looking at it selfishly) of planning a memorial which is to be simply and solely a nurses' memorial. Many suggestions of useful and praiseworthy objects are given by earnest women who see the need of these things, and would like to combine them with the memorial. These things must come, should be the aim of every public spirited woman, but in this case let us rise above ourselves and feel the privilege of giving, and to have the satisfaction that we are showing in a small way that our comrades are not forgotten. Nurses fail to see that a national memorial (only one can be provided) must be in Ottawa, as the Capital of Canada, and something permanent with no upkeep to be responsible for—and that therefore a speedy contribution towards this end is required. When our own loved ones are called home, does one feel that, because there is want and suffering in the world, they should not be remembered by stained glass windows, or a tablet, till sickness, suffering and the other wants of the world are done away with? Let us grasp the privilege of giving for memory's sake and do it quickly.

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A letter dated April 29th, received from Miss Fairley of the C.A.N.E., asks the Editor to give the change of dates of the C.A.N.E. convention due publicity. After conferring with officers of the C.N.A.T.N., it was decided to hold the C.A.N.E. meetings on June 23rd and 24th instead of Thursday, June 15th and 16th, as previously decided upon. This change was made to avoid the interruption of a week-end between the meetings of the two Associations.

## C.N.A.T.N. Meetings, Edmonton, June 19th to 22nd, 1922.

### NOMINATIONS FOR OFFICERS, 1922-23

President—Miss Jean Browne.

1st. Vice-President—Miss Johns, Miss Foy.

2nd Vice-President—Miss K. Matheson, Miss E. Breeze.

Secretary—Miss M. Grey.

Treasurer—Miss J. Wilson.

### Councillors.

British Columbia—Miss J. F. McKenzie, Miss H. Randal.

Alberta—Miss McPhedran, Miss Kelly, Miss Edy, Mrs. Lee, Miss Aueger.

Saskatchewan—President, Saskatchewan Registered Nurses' Association,  
Sister Raphael.

Manitoba—Miss S. Persis Johnson, Miss Isabel Jeffers.

Ontario—Miss G. Fairley, Miss E. Jamieson, Miss K. Russel, Miss E. McP.  
Dickson.

Quebec—Miss S. E. Young, Miss Hersey.

New Brunswick—Miss M. Murdoch, Miss A. J. McMasters.

Nova Scotia—No nominations received.

Prince Edward Island—No nominations received.

ELIZABETH G. BREEZE, R.N.

Convenor Nominating Committee,  
C. N. A. T. N.

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### THE BOOK SHELF

"Records for Hospital Social Service," by Gertrude L. Farmer; cloth \$1.50; J. B. Lippincott, Philadelphia and 201 Unity Bldg., Montreal. The social worker is so often dismayed at the prospect of getting suitable records for her work. Miss Farmer's information is very clear and definite, describing the forms she uses and giving reasons for preferring these particular ones. This will prove a most useful book for all organizations and workers along social service lines.

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"Each man is captain of his soul;  
 And each man his own crew.  
 But the Pilot knows the unknown Seas  
 And He will bring us through.  
  
 So Ho! for the Pilot's Orders,  
 Whatever course He takes;  
 For He sees beyond the Sky-line,  
 And He never makes mistakes."

—Oxenham.



# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.

Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.

Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### Manitoba

Miss Elsie J. Wilson,  
798 Grosvenor Avenue,  
Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Quebec

Miss Lawrence,  
207 St. Catherine St. West,  
Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

The outline which follows is being used by the provincial representatives in the preparation of their reports for the annual meeting at Edmonton.

## Suggested Outline of Provincial Reports on Public Health Nursing

1. Total number of graduate nurses employed in public health work in the Province.

A. (1) Members of Provincial Association. (2) Non-members.

B. (1) Victorian Order of Nurses.

(2) Departments of Public Health, (a) Provincial (b) Local.

(3) Department of Education, (a) Provincial, (b) Local.

(4) Hospital out-patients departments or auxiliaries.

(5) Industrial firms.

(6) Red Cross Societies, (a) Provincial, (b) Local.

(7) Philanthropic agencies, such as women's institutes, clubs, churches, or charity organizations.

(Under B. state clearly if the financial responsibility is met by more than one organization).

2. Total number of women, other than graduate nurses, employed as public health nurses in the province.  
Name agencies employing them.
  3. New work organized during the past year. Explain in detail any interesting developments in co-operation between employing agencies.
  4. New work contemplated for the future.
  5. Facilities for training of nurses for public health work, (a) Graduate, (b) Pupil nurses.
  6. Any other reports or recommendations which your province may wish to send forward.
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### Round Table Conference on Public Health Nursing

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A round table conference on public health nursing was conducted in connection with the annual meeting of the Graduate Nurses' Association of Ontario, which was held in Brantford during the third week of April. Miss Muriel MacKay, convenor of the Public Health Committee of Ontario, presided, and there were fifty-five nurses present.

As a means to better acquaintance, Miss MacKay asked each person to rise, give name, work engaged in, and locality where work was carried on. This showed the gathering to be representative. It included nurses doing generalized public health nursing in urban and rural communities, school nurses employed by provincial and municipal departments of education, Victorian Order of Nurses, as well as those doing tuberculosis and industrial nursing.

Miss Misner, doing school nursing with the Provincial Department of Education, gave a ten minute paper on "Problems of the rural school nurse."

Miss E Jamieson, Director of School Nursing, Provincial Department of Education, and Mrs. Campbell, school nurse, Windsor, were amongst those who discussed this paper.

Miss J. Stewart, Gage Institute, Toronto, introduced a discussion on the "Problems of the tuberculosis nurse."

Miss Castle, employed by the Provincial Board of Health, spoke on the "Difficulties of public health work in rural communities." Miss Beryl Knox, Associate Director of Public Health Nursing, Provincial Board of Health, took part in the discussion which followed.

Miss Morison, Canadian Kodak Co., gave a brief explanation of industrial nursing as carried on by her.

Miss Edna Moore, who is engaged in venereal disease nursing, Provincial Board of Health, told of the development in Ontario of



this branch of public health nursing.

At the close of the conference, which was voted by all to be most stimulating and helpful, it was decided to request the executive of the G.N.A.O., to arrange for a round table conference on public health nursing in preparing next year's programme.

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BRITISH COLUMBIA.

The Public Health Nursing Course at the University of British Columbia has recently completed its second year.

Miss Mary Ard MacKenzie, R.N., the director of the course, is to be congratulated, as not only were all the candidates successful in their final examinations, but were engaged for public health positions before convocation took place.

The names of the successful nurses, in order of merit, are as follows:—First class honors, Jane E. Johnston, Marie Louise Thompson, Margaret Allan Thatcher, Elizabeth Olive Kilpatrick (equal), Muriel Claxton (equal). Second class honors, Gertrude Mabel Curry, Rose Constance Nye, Eva Maude Mosher, Ada Benvie, Bertha Smith (equal), Rose Tranfield (equal), Jean Dunbar, Hester Ann Hill. Passed, Helen G. Kelly.

The Canadian Red Cross Society, who have endowed the Chair of Public Health at the U. B. C., offered the first prize of \$100.00, which was awarded to Miss Jane E. Johnston, who is now engaged in educational work with the Red Cross.

The Second Prize of \$60.00 was offered by the Provincial Health Department, the winner being Miss Marie L. Thompson, a V. O. N. scholarship nurse. Miss Thompson has accepted the position of Director of the Social Service Department of the Vancouver General Hospital, filling the vacancy caused by the resignation of Miss Ethel Boulton, R.N. Miss Thompson is the first Victorian Order nurse to fill this position at the V. G. H.

The Third Prize of \$40.00, which was also offered by the Provincial Department of Health, was gained by Miss Margaret A. Thatcher, who is spending the summer at her home in Chilliwack, B. C., and later on will take a post with the Red Cross.

Victorian Order Scholarships were held by eight of the nurses.

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Misses Kilpatrick, Tranfield and Dunbar are now on the staff of the Greater Vancouver branch of the V. O. N.

Miss G. M. Curry will be the nurse in charge of the Victoria Branch and Miss Rose Nye is with the Saanich Branch of the V. O. N.

Miss H. A. Hill went to Calgary, Alta., to fill a position with that branch of the Order.

Miss H. G. Kelly is also taking a V. O. N. post.

Miss E. M. Mosher has been appointed by the Canadian Red Cross Society to organize the district of Trail, B. C.

Miss Ada Benvie is taking the Red Cross district at East Arrow Park, being the successor of Miss F. Whittaker, a graduate of last year's class, who has been transferred to Penticton, B. C.

Miss Bertha Smith is also engaged with the Red Cross in forming home nursing classes on Vancouver Island.

Miss Muriel Claxton has decided not to take any position at present, but will in a few months take up work with the Red Cross.

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Miss A. S. Stark, the School nurse in New Westminster, B. C., has sent in the interesting information that health lectures are being held weekly in the Duke of Connaught High School.

The address on "Care of the Teeth and Mouth," by Dr. Harry S. Thompson, Superintendent of the Dental Research Department of the University of Toronto, was particularly forceful. Dr. Thompson emphasized the importance of training children from infancy in a thorough and systematic use of the toothbrush, together with frequent dental examination, pointing out that over 96% of school children suffer from diseased mouths, while 22% of the Anglo-Saxon race never go to a dentist.

The need of conducting Dental Clinics in connection with the schools was particularly stressed by Dr. Clark, Medical Inspector of Schools in New Westminster, at a recent meeting of the Parent-Teachers' Association. The fact was strongly impressed upon those present that although a high percentage of infection was due to lack of dental prophylaxis, still, owing to the high cost of dental work, many children would not receive treatment unless these Clinics were organized more extensively.

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The Public Health Nurses of British Columbia are requested to send interesting news-items pertaining to their various activities to Mrs. Eva D. Calhoun, R.N., 1250 Broadway W., Vancouver, B. C., not later than the 10th of each month.

This is in accordance with the resolution passed at a meeting of the B. C. Public Health Standing Committee, held on March 10th, 1922, that, through the medium of the *Canadian Nurse* magazine, more publicity be given to the work carried on within the province, in order that everyone may become more familiar with each branch of Public Health Nursing.

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#### NEWS FROM NOVA SCOTIA

The officers of the public health section have been delighted to receive many letters from provincial representatives, which indicate, as does this one, that a real interest is being taken in the development of our section.



"Dear Miss MacKay:

Enclosed herewith please find some data concerning public health nursing in this province, which I trust will be of some assistance to you in preparing your report for the annual meeting of the Canadian National Association of Trained Nurses.

We anticipate having only one representative attend the annual meeting at Edmonton this year, but several nurses are planning to attend the Public Health Congress at St. John early in June. I trust that I may have the pleasure of meeting nurses from Toronto there.

You may be interested to hear that an effort has been made this year to procure registration for nurses in this province, which has received fairly favorable consideration and may be granted.

I expect to be absent from the city all next week. When I return I shall send you the questionnaire concerning the by-laws and the public health courses.

Very truly yours,

M. E. MacKenzie,

Supt. of Nursing Service.

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## Private Duty Nursing Department



**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Isabel Crosby, 97 Avenue Road,

**Nova Scotia Representative**—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

**Quebec Representative**—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

**Ontario Representative**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**Manitoba Representative**—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

**Saskatchewan Representative**—Miss Thomas, 2303 Osler St., Regina, Sask.

**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

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### ONTARIO.

The Provincial Private Duty Committee was much encouraged by the number of private duty nurses who attended the convention of the Graduate Nurses' Association of Ontario, held in Brantford on April 20th, 21st and 22nd. Much interest was shown by the nurses, and a lively discussion took place at the round table conference.

Miss Fife, in presenting the first report of the Committee, stated briefly its objects:

- (1) To unify the private duty groups of the Dominion for the purpose of guarding and promoting the interests of the private duty nurse, undividedly and collectively, within and without the Canadian National Association of Trained Nurses.
- (2) To promote a mutual understanding between the private duty group and other branches of the profession.
- (3) To promote a better nursing service for the sick.

The report continued as follows: In connection with the better nursing service for the sick, the question of hourly nursing was brought before the Council of the Central Registry of Graduate Nurses of Toronto, and they agreed to adopt it. Although in its infancy, a start has been made, and it is felt, as it is brought more and more before the public and the medical profession, a great need will be met, particularly among the middle classes. In many cases a nurse is not required for a whole day, but simply morning and night, or even once a day for an hour or two. The Victorian Order of Nurses carry on a great work in this respect, and we have the hearty approval of the superintendent in Toronto in branching out in this way.

The question of insurance for nurses has received very careful attention at the hands of the committee appointed to look into this matter, particularly accident and health insurance. It was thought it would be possible to secure satisfactory group insurance along these lines, but this had been found impossible, as very many companies refuse to consider insurance at all on female lives. Some companies that granted accident and health insurance to women, up to three months ago, now refuse to do so. Individual policies can, however, be secured in some good, reliable companies, and it is suggested that nurses take up insurance in this way, as it is essential that they have some remuneration when incapacitated through accident or illness.

The question of pensions for nurses is also under consideration, and much valuable information has been secured on this point, but as yet no direct proposals can be made, but it is hoped in the near future to have something definite to state.

The readers of the *Canadian Nurse* will have noticed that each month there has been an article of interest in the private duty nurses' page. We have material on hand for the coming issues, and hope to make our page a real live section of the magazine.

Miss Hannant, the provincial convenor, left for a year in Europe last December, and Miss Fife kindly consented to take up her work for the balance of the year.

The committee has tried to get in touch with the private duty committees of each province in Canada, telling them of what is being



done in Ontario, and also tried to reach all the private duty nurses in Ontario through the various registries and alumnae associations.

It is felt that the private duty committee should be a very large and influential factor in the G. N. A. O., as private duty nurses are really the backbone of our profession, and always will be, and it is sincerely hoped that we may prove a unifying force throughout the whole profession.

About one hundred nurses were present at the round table conference and lively discussion took place on the various topics, of which were:

- (1) Will the fee of \$1.00 be continued.
- (2) Why are not more programmes and constitutions provided the G. N. A. O. members?
- (3) Why are student nurses in hospitals put on special cases and a fee charged for their services when graduate nurses are available?
- (4) The private duty nurses desire to elect their own provincial convenor at the provincial meeting.
- (5) Special clinics being provided for graduate nurses as outlined a year ago.
- (6) What is the best manner in which to reach all the private duty nurses?

The following resolutions were passed:

- (1) That the G. N. A. O. be asked to finance this private duty committee as it does its other standing committees.
- (2) That each affiliated association be asked to appoint one member to communicate with the provincial private duty committee upon all matters in connection with the private duty nurse.
- (3) That this private duty committee would strongly suggest that all hospital superintendents be asked to discontinue the practice of placing student nurses on special cases and collecting a fee for their services while graduate nurses are available, which is not to the interests of the student nurse, the patient or the profession.
- (4) The matter of special clinics as outlined and passed last year at the annual meeting be again referred to the provincial committee.

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#### EDITOR'S NOTE

A letter has been received from Miss Fife, Secretary of this Section, asking that the name of Dr. Richards be published as the author of the interesting article on "Radium" published in the May issue. Dr. Richards is in charge of the X-Ray department of the Toronto General Hospital, and is a leading specialist with Radium treatment.



# Department of Nursing Education



## Symptomatology

BY MARY A. CATTON.

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Symptomatology is the science which treats of the symptoms of various diseases. Symptoms are of two classes: (1) Objective, (2) Subjective.

The *objective class* is made up of those symptoms which are apparent to the observer, by the various senses: Sight, hearing, smell, touch.

*Sight*—Rash, inflammation, excoriation, discharge, elevation of tissue such as nodules, abrasions, protrusions, false membrane, distention, deformities, discolorations, attitude, expression, appearance of excreta.

*Hearing*—The cry of pain, auscultation, cough, etc.

*Smell*—The various odors of excreta, breath and body.

*Touch*—The condition of the skin, the condition of the abdomen, the tenseness of the tissues, etc.

The *subjective class* consists of those symptoms of which the patient alone is aware, by sensation such as pain, discomfort, tenseness, taste, impairment of certain functions.

Nervousness, fear, depression, joy, excitement—Both objective and subjective.

The objective symptoms are those by which the diagnosis of a case is usually made, although the subjective symptoms, when intelligently described by the patient, are often of the greatest importance to the diagnostician.

Certain objective symptoms, as we know by observation, are in great part common to most diseases: Flushed face, irritability, chilliness, expression of dullness or fatigue.

Subjective symptoms, on the contrary, are more varied and special, according to their respective disease.

To sum up a few of the general features of each class:

*Objective*—Common to most diseases—Flushed face or pallor, chilliness or shivering, dull and tired expression, bright sclerotics, vomiting and dry tongue, indifference and lassitude, dilated or contracted pupils.

*Subjective*—Common to most diseases—Alternate hot and cold sensation, pain or ache, nausea, headache, backache, aversion to food, thirst, fever, weakness.



No absolutely definite division can be made between the two classes however, as "subjective" symptoms very often become "objective" as development takes place; for instance: pain may be felt by the patient for some time, without any apparent sign to the observer, but, as it increases, the facial expression and general attitude of the patient will bring it under the "objective" class.

It may be argued that these latter are only "objective features" of "subjective symptoms."

A patient may feel cold, which is usually an important indication in disease, but such condition will not be observed or become "objective" until it reaches the shivering stage—chill.

In infancy, abnormalities begin, but are not considered until they approach deformity. Rickets, of which symptoms pigeon breast, flattened thorax, square head, prominent forehead, large hands and feet, emaciation, sweating head, badly developed teeth, fetid breath, may be due to malnutrition of the osseous structure, hereditary influence on the digestive and assimilative apparatus. These symptoms may first have been obscure to the observer, but were never subjective (?) unless that we may suppose subjective symptoms to be divided into two classes: (1) Those of which the patient is aware, (2) Those to which the patient is subjected, but not aware of by sensation.

Muscular degeneration is a symptom of a lack of nutrition, and may be the "objective feature" of "subjective hunger."

The attitude of the patient is strongly suggestive of the kind of facial muscles, and commonly seen in adults where there is disease of the digestive or assimilative apparatus, such as cancer and ulcer of the stomach, or in diabetes, anemia, leukemia, or hemophilia, which interfere with the process of tissue respiration.

The attitude of the patient is strongly suggestive of the kind of disease. A tendency to lie flat on the back with an appearance of heaviness and indifference is strikingly characteristic of the "low fevers," such as typhoid.

In pulmonary fevers the patient will lie on the affected side, to allow a free expansion of the healthy lung on inspiration.

In abdominal diseases, such as peritonitis, appendicitis, colitis, enteritis, nephritis, or chronic diarrhoea, the patient will draw the knees up toward the abdomen.

*The eyes* are indicative to a great extent, by the color of the sclerotics, general expression of the conjunctiva and general appearance.

*The tongue*, in low fevers, presents various suggestive conditions: fissured, dry and bleeding, strawberry tongue.

*The skin*, in disease, shows a varied condition, dry, flushed, cyanosed, scaly, pale, rough, petechial, glazed, or excoriated. In eruptive fevers the skin manifestations are decidedly apparent by

the characteristic rash associated with each.

*The expression* is to a great extent characteristic of the disease, and is usually considered, in case of suspected poisoning, in convulsions, such as those of tetanus, rabies, epilepsy, and hysteria. Upon making internal examination, the physician watches the expression for indications of tenderness upon manual or bimanual examination.

*Expectoration* may be indicative to some extent whether or not associated with a cough.

(To be Continued)



### C. A. M. C. Nursing Service Department.

If future incentive is needed to stimulate the effort to attain our objective in the memorial fund campaign, it may be found in the example of the Quebec city nurses, and the Graduate Nurses' Association, Medicine Hat. The last stand voluntarily pledged to give ten dollars each. The first-named collected amongst themselves over a thousand dollars. Can it be that these nurses have caught a fuller ray from the halo of imperishable glory that surrounds our illustrious dead? Is reverence and sentiment for the names so indelibly inscribed in the proudest history of our country more alive in Quebec city and Medicine Hat than elsewhere? If so, let us take fresh inspiration and show proof that to us, too, has it been given to know how to honourably, affectionately, and fittingly cherish the memory of those nurses whose names are engraved in our hearts forever.

Matron Dorothy Cotton, at present in England, has accepted an appointment with the Rockefeller Institute, Paris, and will spend a part of her time at Marseilles.

Nursing Sister Tina Mowbray, A. R. C., has returned to Victoria from Los Angeles.

Nursing Sister M. O. Lindsay, A. R. R. C., was for a short time the guest of Mrs. W. Gibsone (nee Nursing Sister Couillard), Ottawa. Since retirement in 1919, Sister Lindsay has visited Western Canada, Hawaii, California, Mexico, and New York, and it seems the wanderlust is still unsatisfied in her case.



Nursing Sister F. Fagan has been appointed to the staff of the Sanitarium at Tranquille, B. C.

The marriage took place at Winnipeg, on April 22nd, of Nursing Sister C. M. Hood, A. R. R. C., to Mr. John F. Morrison, D. D. S.

## Kildonan Castle Humours

(Continued.)

What is the difference between a ton and the ocean? Wait and see.

What magazine gives the highest position quickest? A powder magazine.

Is it possible for an Italian to make a Maltese cross? Of course he can (a Corsican).

### NOTES AND COMMENTS

Who was the ship officer strolling about the streets of Malta disguised as a removal van?

Any officers on board ship desirous of having their temperature taken will please assemble in the ward room at 11 a.m. daily, when the sisters will be in attendance with fountain pens.

Anyone tiring of the Castle air can always get a change from the purser.

A great number of beautifully marked animals from Gallipoli for disposal, guaranteed to be very affectionate, having their teeth extracted—a child can play with them. Price 1d. each, or will exchange for a tin of Keating powder.

Malta is now to the fore in the commercial world, delivering haberdashery per Marconi.

Sisters are advised that any parcels marked Wilks & Son must be removed from Holdalls. Emergency bundles must be kept near the surface.

### POET'S CORNER

#### "MOTHERLAND"

When Albion, in the hour of need,  
To Canada applied for aid,  
She rallied round the flag with speed,  
For Motherland no hand was stayed.  
Her warriors brave in thousands went,  
In Albion's cause to fight:  
On foreign soil their life was spent,  
For Motherland and Freedom's right  
Like Florence in the days of yore,  
Her daughters nursed the brave,  
Full many a trial and hardship bore,  
Sons of the Motherland to save.  
—Sea Rover.

#### THE ENGINEER'S POET

The engineer poet has got in a rut,—  
When ashore in Malta, he had a hair cut,  
And now for our poetry we must go elsewhere,  
And wait till the boulder has grown more hair.  
Sister Spanner's knitting socks for soldiers.  
Sitting weaving romance as she goes,  
But they say the shots and missiles  
Can't compare with all the blisters  
That arise from wearing Sister Spanner's hose.

#### AN ACROSTIC

Hospital life on His Majesty's ship  
Means a rare treat in making a trip.  
Having to pack for you don't know where,  
Suffering the torments of "Mal-demer,"  
Knowing nothing (you can't know less),

Imagining much (but it's all a guess).  
 Lying at peace in your bed one night,  
 Dear only knows where you'll be by light,  
 Once we thought we were going to land,  
 Nearly did—we had shaken hands,  
 And said how glad we were we had met,  
 Notwithstanding—we're here yet.  
 Can you imagine a life more serene,  
 A simple existing—a breathing machine?  
 Some plan our food—we are told what to wear,  
 To attempt to be novel brings nothing but care.  
 Life is the same for the master or vassal,  
 Enough just to know—it's the Kildonan Castle.

Once upon a time, long before the Great War, when youths and maidens went courting beneath the moon's silver beams, and the streets of London blazed with brilliantly coloured lights, and everyone laughed at the wise men who wisely and earnestly said "Prepare! the Great War is at hand and the country is unprepared," but men turned deaf ears and laughed again.

Well! once upon a time in these good old days, in a far-away Scotch Canadian Village in Ontario, in the "apple-blossom" time, on a peaceful Sunday afternoon, a youth and a maid went strolling through the orchard with pink and white blossoms fluttering all around them, strewing the grass under their feet and making a delicate pink and white veiling for the turquoise sky above. As they strolled arm-in-arm, utterly oblivious of the orchard blossoms or sky—all the sky the boy saw was in the blue heaven of the girl's eyes and her sun-lit hair, while she saw all the dreams of her girlhood come true in his honest, plain face and strong, well-set manhood—they were unutterably happy. In after years he volunteered and became a junior officer of the 1st Overseas Canadian Contingent and a hero and D. S. O. of Hill 60, while she became a nurse, attached to the Toronto University Unit, known as No. 4 Canadian General Hospital, which got lost for a season between the Mediterranean, the Aegean, and Salonica. But that is going ahead many years.

On the Sunday afternoon of this tale, and very near tragedy, their unheeded footsteps strayed from the family orchard out on to the concession road leading to the village.

The girl, bare-headed and in dainty summer whiteness—the boy, in flannels with his sleeves pushed up over his strong bare arms—both looked typical specimens of Canada's virile youth. They had just reached the place where the main street of the village suddenly turned and became a country road, when a terrific yell smote their ears, and an almost inarticulate shouting from one hundred throats of "mad dog."

They awoke from their golden dreams, dazed and bewildered, but only for an instant. The boy became tense and alert and thought like lightning. There on the road, and in a whirlpool of dust, he could see the awful thing coming straight towards him. He could hear its whistling, horrible panting breathing. One glance round, one movement of his arm, and the terror-petrified girl was behind him and her silk scarf in his hands, and in another second wound around his right hand and strong, bare fore-arm. Now he could see the dog with its glaring red eyes and foam-flecked open mouth and hanging tongue, and feel the fierce heat of its dreadful breath as it hurled itself on the boy's outstretched arm. The force of that impact was terrific, but the boy had not sculled in his college boat for two years, or been center-forward and light-weight favorite for nothing. Down and down his arm reached till he grasped the extreme tip of that dog's tail, then with one mighty pull turned it completely inside out. A sane and wonderful dog ran in the opposite direction..

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#### AS HEARD IN PASSING

The major is having a roll-call at 10-30 p.m. re the adoption of the new shade of uniforms, there having been received complaints that the shade of yellow is not becoming to complexions. It has been suggested that the new costumes be worn only in fair weather and on placid sea.

The famous picture entitled "Thursday" has been brought to our mind



this morning in the futile effort to increase the supply of fresh fish—from the “cool chamber.” The Bay of Mudros, so we understand, will be renamed “The Bay of Bloaters,” as these tasty fish have been known to be caught two on a line. Mudros bloaters will soon be as famous as Finnon Hoddocks—which, by the way, reminds one of the Fishmonger’s shop story:

Small boy—“Addick please”

Fishmonger—“Finnon?”

Small boy—“No, fick-un.”

The members of the “Restless Club” were tendered a social evening by the staff of His Majesty’s Ship “Kara-Para,” and after a sumptuous repast an excellent programme of music was given by noted artists. After farewell to hosts, the club members retired to basement and carried out a programme of sports. Full advantage was taken of the grandstand, especially provided for a demonstration of modern methods of warfare.

“Lights Out,” 7 a.m. announced recall of Canadian Contingent, and all hastily rejoined the colours. A plan has been devised by which poems, chiefly Stevenson’s works, may be given out by wireless to isolated districts. Owing to the imperative demand by his medical advisor that he must have a complete rest, chief engineer desires to inform all parties requiring medical attention after retiring hours that the location of the proper officer may be obtained by consulting the ship’s chart. An event of unusual interest in military circles is the coming presentation of the “Order of the Bath” to our worthy matron, pro tem, by a Knight of Suvla Bay. We are glad of the safe return of our esteemed contemporary C. I. S. with her famous “Driver” from a perilous descent from Mount Trouble.

Music lovers will be interested to note the growing appreciation of the revival of the English grand opera in presentation of the general favorite “Sister Susie sewing shirts for soldiers.” The principals, Park & Sons, Will, Ski-ing and Thompson, are to be congratulated on the excellent production, and their fame is assured. They may be assured of our continued appreciation and patronage.

The Campbell-Field music has long since passed the experimental stage. For successful evenings and odd moments you can absolutely depend, as its quality never varies. Try a quart of its “liquid notes.” Students who prefer music to chess alone will be accepted. No Irish need apply.

#### SPECIAL FOR TO-DAY

- (1) Draw Me Nearer.
- (2) There is a Green Field Far Away.
- (3) The Campbells are coming.
- (4) Why do you wait Dear Brother.

For terms, apply to Miss Maiden Canada.

#### LOCAL HEALTH RESORTS

LOVELY LEMNOS: “The Queen of Watering Places,” Special week-end arrangements.

SALUBRIOUS SUVLA: “Some health resort, Beautiful scenery, Social Amenities.

GLORIOUS IMBROS: “The Brighton of the Near East.”

For further particulars, apply to “High Life in the East Co., Ltd.”

#### THE LOCAL STOCK EXCHANGE AND WAR NEWS

Business on the Exchange for the first two weeks had been somewhat flat, the only demand being for “Consuls” if not “Consultation,” which were carried on at various parts of the Course. However, things brightened or darkened during the last weeks, and considerable excitement was caused by the “Reply Paid” fluctuation of certain shares, especially Canadian. At the beginning of the voyage these stood at 75, but one evening, owing to a large purchase from New Zealand, they fell to 12, only to rise again the next morning to 75. On Saturday last another fall occurred, the shares standing at 18, at which figure they remained when we went to press. These shares are, however, “Thoroughly Reliable” and of the highest quality. In other markets there is still a great demand for “Rumours and Facts,” many of them being dealt with by buyers anxious to “Listen” to them.

WAR NEWS DELETED BY CENSOR. MARCONI OPERATOR OTHERWISE ENGAGED.

# Hospitals and Nurses



## NEW BRUNSWICK

The local chapter of Moncton held a very successful dance, realizing \$191.00. This money is being used to furnish a diet kitchen in the Children's Aid Home. They also took charge of a booth at the Children's Aid fair, clearing \$43.00.

We regret very much that Miss Mary Wetmore, superintendent of the Hospital at Grand Falls, and Miss Geraldine Morris, of the staff of the G. P. H., St. John, have both recently undergone serious operations at the G. P. H. They are both improving.

The Alumnae of the St. John G. P. H. entertained at a dance in the Y. W. C. A. recreation centre in honor of Mrs L. G. Dunlop, who is leaving shortly to make her home in Charlottetown. Mrs. Dunlop has been a splendid worker in all activities of the nursing profession in St. John, and will be greatly missed. She was the recipient of a silver service, presented to her as a token of appreciation of her services.

On March 23rd a very successful tea and sale was held by the St. John local chapter in the Y. W. C. A. recreation centre, at which about \$150.00 was realized.

Miss Bertha Gregory, Red Cross Nurse at the Port of St. John, has left for Quebec to take up the same work there.

Fifteen of the graduates of the St. John infirmary met last night to form an alumnae. A constitution and by-laws were drawn up and officers elected as follows:— Honorary President, Sister Gertrude; Honorary Vice-President, Sister Camillus, R.N.; President, Miss Mary Downing, R.N.; Vice-President, Mrs. Frank Frauley; Secretary-Treasurer, Miss Agnes Duffy, R.N.; additional members of executive, Miss Alice McManus, Miss Berna McDade, Miss Katherine Ryan, R.N.

## CAMPBELLTON.

The formal opening of the Restigouche and Bay Chaleur Soldiers' Memorial Hospital took place on March 16th, with a very large attendance. A splendid programme was given, with speeches from several prominent men, including Colonel T. R. Newcombe and Judge McLatchy. It has a capacity of 30 beds and is well equipped in every particular. Miss Mary Bliss is the Superintendent of the hospital, is a graduate of the Royal Victoria Hospital, Montreal, served four years overseas, with the McGill Unit, No. 3 General Hospital, and was decorated with the Royal Red Cross. She has as her assistants Misses Vivian Graves and Florence Lockart, both graduates of the Royal Victoria Hospital, Montreal, and Mrs. Helena Palmer, of Moncton, who is Night Supervisor. A training school of six nurses has been opened.

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## QUEBEC

### MONTREAL GENERAL HOSPITAL

At the monthly meeting of the M. G. H. A. A. 122 members attended a very instructive and interesting lecture given by Dr. Eberts on "Diseases of thyroid gland," also "Operation, and pre- and post-operative treatment."

Miss Kathleen Brock has taken over the position of Matron of Nurses Home of M. G. H.

Miss Jane S. Kennedy, of Utica, N. Y., is engaged in public health work in that city.

Miss Olive Welsh has gone to United Hospital, New York City, as assistant in the operating room.

The sympathy of the members is extended to Miss Lillian Tracey in the death of her sister.

M. G. H. alumnae individual subscriptions, up to 10th of May, is \$1,088.00 for the memorial monument fund.



We announce the engagement of Miss Marjorie O. Eaton (class '18), of Truro, N. S., to Mr. W. H. MacNeily, Margareville, N. S.

Miss Edith Eugelke has been engaged on the O. D. staff of the M. G. H. for the summer. There are nine graduate nurses on service in this department.

Misses M. Gray and N. Adams have returned to their positions in the M. G. H. after recuperating from serious illness.

Miss L. A. MacMartin and Mrs. James Johnston (nee Isabel Nichols) have each undergone major operations at M. G. H.

Miss M. Middleton (class '22) is relieving Miss H. Peters (class '20) on S. O. R. staff for three months while the latter visits her home in Newfoundland.

Misses Stella Ross, Evelyn Powers, Marie Buss and Maria Gibbons (all of class 1922) leave on May 14th, 1922, to take staff positions in Presbyterian Hospital, New York City.

Miss Agnes Jamieson is taking subscriptions for the Canadian Nurse Magazine. Any nurses wishing to subscribe may send \$2.00 to her address, 10 Bishop Street, Montreal. Telephone, Uptown 8700.

Misses Molly and Dorothy MacDermott are engaged in the service of the Family Welfare of the city; also Mrs. Frank Lamb (nee Elizabeth Anderson), who kindly devotes a great deal of spare time to this much-needed help.

A small bridge was given at the M. G. H. by some of the staff, from which they realized \$65.00; also one by the O. S. Association of the city in the same place, from which was realized \$185.00.

#### MONTREAL

##### ROYAL VICTORIA HOSPITAL.

Diplomas from the School for Graduate Nurses, McGill University, have been awarded to Miss Myrtle Ross (1919) and Miss Muriel Stewart (1915) in the Public Health course, and to Miss Grace Martin (1919) in the course for instructors. Miss Ross secured the highest number of marks and first prize, and Miss Stewart first-class honors in the Public Health section.

The members of the Alumnae Association held a most successful afternoon and evening bridge on May 4th, when the sum of \$500 was realized, which will go towards the Nurses' War Memorial Fund.

Miss Judith Skead (1921) has gone to Gratiwick Hospital, Buffalo, which is under the supervision of Miss Barbara Widder, a graduate of 1918.

Miss Helen Kendal (1916) has returned to the R. V. H. as one of the resident anesthetists.

Miss Lyle MacFarlane (1922) has accepted a position in the Montreal Maternity Hospital.

##### JEFFERY HALES HOSPITAL.

Miss Lillian Carter has returned to town after visiting in New York and Atlantic City.

Miss Dorothy Ford has returned to New York after a holiday spent at her home in Portneuf, Que.

Her many friends will be glad to hear that Miss C. Kennedy, who was recently operated upon for appendicitis at the Jeffery Hales Hospital, has quite recovered.

Mrs. Riddell and her little daughter have returned to their home in Itura, Sask.

Miss M. White has resigned from the staff of the J. H. Hospital, and has left for Winnipeg, Man.

#### QUEBEC CITY.

Miss D. Chambers has returned to Quebec and is on private duty.

Miss F. Lewis has accepted a position with the staff of the Jeffery Hales Hospital for the summer months.

## ONTARIO

## TORONTO.

The Hospital for Sick Children, Toronto, suffered a great loss in the resignation of the Superintendent, Miss Florence Potts.

Miss Potts had been with the hospital for nineteen years, first as Night Supervisor, then as Assistant Superintendent and Supervisor of the Operating room, then as Superintendent of the Training School and the Hospital. During the last year the duties of the Hospital had become so onerous that Miss Potts was made Superintendent of the Hospital, and the position of Superintendent of the Training School was filled by Miss Pantton.

During Miss Potts' regime at the hospital, wonderful advancements have been made, both in the training school and in the administration of the hospital.

Miss Potts has, during her time, seen a new residence built for the nurses, a large new wing added to the hospital, a new X-Ray department and lecture room, and various other improvements completed.

In all these undertakings Miss Potts has been a great source of inspiration and has devoted much time, energy and careful thought to their perfection.

In the work of the training school no less great advancement has been made. Affiliations have been affected with other training schools in the city, and the lectures to the "nurses in training" are now given at the University of Toronto.

Miss Potts has not only followed the career of the Alumnae Association of the Hospital for Sick Children with keen interest, but, what is true of the Association as a whole, is even more so of each individual member.

With the removal of Miss Potts from active co-operation with them, the Alumnae have lost not only an able advisor, but a warm personal friend.

The good wishes of all with whom she has been connected at the hospital will go with Miss Potts in whatever she may undertake.

## TORONTO WESTERN HOSPITAL A. A.

There has been a large attendance at all meetings of this Association, splendid co-operation and much work accomplished under the able chairmanship of Miss Jessie Cooper. Mrs. J. P. MacConnell and Mrs. Annie York, two of our first members, have been presented with life membership certificates. Among the speakers at the several meetings have been Mrs. Smithers and Mrs. Bright.

Several social functions have been held, notably a dance, under the convenorship of Miss Opal Hill; a bridge and tea at the residence of Mrs. George Valentine, who also entertained the members at their annual social evening.

Miss Muriel McKee (M. W. H.), Superintendent of Nurses, T. W. H., attended the G. N. A. O. meeting at Brantford.

Nursing Sister Marion Wylie (T. W. H.) has accepted the position of Night Supervisor at the Toronto Western Hospital, and Miss Helen Harvey has taken the position in the Outdoor Department, which was given up by Miss Shortreed, who left to be married.

## KINGSTON.

A joint meeting of the K. G. H. A. A. and Chapter was held on May 2nd in the nurses' home, with an excellent attendance. The report of the annual meeting of the G. N. A. O., at Brantford was given by Mrs. J. C. Spence, President of the Alumnae, and Miss Abernethy, President of the Chapter, who were delegates to the convention.

The K. G. H. A. A. are entertaining the class of 1922 shortly to welcome them into the Alumnae Association.

Miss Dora McKendry (K. G. H., 1918), has accepted a position as Assistant Superintendent of the Owen Sound General Hospital.

## ORILLIA.

The graduating exercises of the 1922 class of the Orillia General Hospital were held in the New Soldiers' Memorial Hospital on April 21st, when the following nurses received their diplomas and pins: Misses Olive Garry, H.



Louisa Humphrey, Nettie M. Brown, Ida Towle, Jean McClelland, Helen Olsen, Saida Gray, and Mrs. M. E. Minorgan. His Worship Mayor Tudhope, presided, and Mr. J. P. Downey, Superintendent of the Ontario Hospital, Orillia, addressed the class. The Superintendent, Miss Johnston, read the report of the school and administered the Nightingale pledge to the class. A musical programme added greatly to the enjoyment of the guests. The Woman's Auxiliary presented each graduate with a copy of "Dietetics," and the Board of Directors, through Dr. A. E. Ardagh, with a hypodermic syringe. Misses Humphrey and Townley being judged equal, each received a prize for neatness, presented by Mrs. W. B. Hamilton.

The Orillia Soldiers' Memorial Hospital was formerly opened by Lord Byng of Vimy on Tuesday, April 21st. After spending an hour inspecting the new building, Lord and Lady Byng, in front of a large crowd of people, declared the Memorial Hospital duly open and ready for the purposes for which it was intended.

#### OTTAWA GENERAL PROTESTANT HOSPITAL.

The graduation of the 1922 class took place on May 25th at the Lady Stanley Institute at four o'clock. The following nurses comprise the class: Misses Helen K. W. Barrett, Marion R. Stevenson, Lila M. Luteman, Cassie M. Storie, Florence M. Hodgins, Mary S. Ingram, Ethel G. Johnston, A. M. Hazel Bromley, S. Olive Draffin, Laura I. MacGregor, Gladys M. Smith, Mary M. Downing, Mildred K. Lennox, Edith G. Young, Margaret A. Bromley, Dorothy H. Keyes, Janet A. Prichard, and Vera E. Smith.

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#### MANITOBA

##### BRANDON

The Brandon Association of Graduate Nurses held their annual dinner at the Prince Edward Hotel on May 2nd, with 26 members present. The table was charmingly decorated with pink carnations and ferns. Great credit is due the executive who planned such a delightful function.

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#### SASKATCHEWAN

Miss Nellie Storey, who served with the Q. A. I. M. N. S. R. in England and Egypt, is now Superintendent of Union Hospital, Wadena, Sask., and Miss Mabel Stowe, who was with the same nursing service in England and the C. A. M. C. in France, is Superintendent of Union Hospital. Shauvanon, Sask.

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#### ALBERTA

Mrs. K. Manson has been appointed admitting officer and historian at the Royal Alexandra Hospital, Edmonton; Miss Marsh in charge of the Maternity Department; Miss Chisholm (R. A. H.) of the women's floor, and Miss A. McDonald (R. A. H.) on the operating staff of the hospital.

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#### BRITISH COLUMBIA

The following nurses graduated in the 1922 class of St. Joseph's Hospital, Victoria, April 27th, 1922, at St. Ann's Academy Auditorium, Victoria: Misses J. M. Chetham, B. V. Thompson, M. C. Barry, A. G. Barry, K. B. Ryves, D. P. Clippingdale, Hattie McCrimmon, Amelia Dunn, M. E. Wilson, A. H. Auchterlonie, M. K. Jones, Jean Lang, B. A. Graham and E. I. Stibbard. The class motto was "Non Nobis Solum" and the colors red and white. After a most enjoyable musical programme, medals and diplomas were presented by Dr. R. L. Fraser. A special certificate and medal for X-Ray technique, donated by Dr. Poyntz, was won by Miss Margaret Patterson. The Bursary given by the Victoria G. N. A. for highest marks in first year work was won by Miss Mary Walsh. Miss Beryl Thompson gave the validictory. Addresses were given by Hon. A. E. McPhillips, Rev. Father O'Boyle, Right Rev. A. Macdonald, Bishop of Victoria, and A. W. Kenning, M.D.

The bridge tea given by the Victoria G. N. A. on April 29th at the Balmoral Hotel, by kindness of Miss Tully, was a decidedly social and financial success. Eighty dollars were realized for the sick benefit fund.

Miss E. H. Jones, who has been ill all winter, has gone into hospital for an operation.

Misses Bell and Mary McCuaig are on duty at the Provincial Royal Jubilee Hospital.

#### NEW WESTMINSTER

A most enjoyable dance was given on April 28th in the recreation room of the Royal Columbian Hospital in aid of the nurses' memorial fund.

#### VANCOUVER

Various efforts have been made recently by the several nurses' organizations to help raise the money for the memorial fund. A "bridge" party was given at Shaughnessy Military Hospital, which was most successful; a dance given by the V. G. N. A., and a "fortune telling tea" by the alumnae of the Vancouver General Hospital.

The graduation exercises of the class of 1922 at St. Paul's Hospital, May 2nd, was well attended by the friends of the graduating class, which numbered fifteen. Diplomas were presented to the following: Misses L. E. Ford, S. I. Prentice, C. V. Roberts, Mary McLennan, M. A. James, F. H. Orr, N. R. Johnston, Elizabeth Reeve, J. J. Ferroux, E. M. Wale, L. F. Clark, E. I. Tennant, M. J. MacDonald, H. F. Becker, and A. C. Hart.

Addresses were given by His Worship Mayor Tisdall, Rev. Father O'Boyle and Dr. F. X. McPhillips.

Miss Jean Ferroux and Miss M. C. MacDonald, with equal marks, won the medals for highest marks in all subjects; medal for high standing in exactness in professional matters, won by Miss Mary McLennan.

For proficiency in surgery, Miss Annie Hart, who was also the validictorian.

Miss Helga Becker won the prize for efficiency in nursing medical and children's diseases.

Prize for general proficiency, won by Miss Lillian Ford, and a prize given by the Sister Superior, drawn for by the class, won by Miss Lillian Ford.

An excellent programme of music was enjoyed by the large audience of friends of the graduating class, who filled the hall to overflowing.

Miss Ethel Boulton has resigned her post at the Vancouver General Hospital as head of the social service department, May 1st, and is succeeded by Miss M. L. Thompson, one of the recent successful graduates of the public health course at the University of British Columbia.

#### VANCOUVER GENERAL HOSPITAL

Miss R. Rothwell left Vancouver on Wednesday, May 17th, for her home in England, where she intends to stay for some time.

The Alumnae Association held the regular monthly meeting on May 4th, in the rotunda of the new home. The report of the sewing committee was read, and a set of six layettes was turned over to Miss Wheeler. It was decided to keep on with the sewing meetings, to be held the 2nd and 4th Tuesdays in each month, and the clothing made to be used for social service emergencies.

The matter of sending a delegate to the C. N. A. T. N. convention at Edmonton this summer was discussed, and Miss Randal was appointed to act for the Alumnae Association in that capacity.

The members of the 1922 graduating class were invited to the meeting and were presented with their membership in the association for 1922. Miss Randal welcomed the class in the name of the association, and also spoke about the Overseas Memorial Fund.

The Alumnae Association gave a fortune telling tea in the rotunda of the new home on Saturday, May 13th, to raise money towards the association subscription to the Overseas Memorial Fund. The guests, on admission, were given a ticket entitling them to a real fortune by a real fortune teller.

Miss Ellis poured tea, and was assisted by Miss McLane, Miss Mac-



Arthur, Miss Esselmont, Miss Rice, Miss Goodwin, Miss McNair, Miss Wheeler, Miss Innis and Mrs. Wilson.

Miss McLane, convener of the committee in charge of arrangements, reported that \$90.00 was realized towards the Fund.



## BIRTHS

**Boulton**—At the Bute St. Hospital, Vancouver, April 20th, 1922 to Mr. and Mrs. Leonard Boulton (Helen Whitehead, Vancouver General Hospital) a daughter.

**Brownell**—At Port McNichol, Ont., April 16th, 1922, to Mr. and Mrs. Bernard J. Brownell (R. Ivy Shaw, Q. O. H., 1920), a son.

**Ketterson**—In Montreal, Que., to Mr. and Mrs. Ketterson (Nella Wilson, General Public Hospital, St. John, N. B., 1907), a son.

**Quinsey**—On Feb. 6th, 1922, to Mr. and Mrs. Fred Quinsey (Katie Rotters, Kingston General Hospital), a daughter

**Sproule**—On May 9th, 1922, at the Montreal Maternity Hospital, to Dr. and Mrs. M. J. Sproule (Lena E. France, Montreal General Hospital), of Applehill, Ont., a son.

**Riddell**—On March 11th, 1922, at the Jeffery Hales' Hospital, Quebec City, to Dr. and Mrs. Riddell (Louise Caron, Jeffery Hales Hospital, 1918), a daughter.

**Johnson**—On April 25th, to Mr. and Mrs. Oliver Johnson (Mildred Chester, Vancouver General Hospital, 1920), a son.

## MARRIAGES

**Hamilton-Shaw**—On June 6th, 1921, at Campbellton, N. B., Mary Shaw, (Winnipeg General Hospital, 1915), to Mr. A. M. Hamilton. Both bride and groom served overseas.

**Wood-Shortreed**—At Guelph, Ont., on March 9th, 1922, Isabella Margaret Shortreed, (Toronto Western Hospital), to James Henry Wood, D. S. O. M. D.

**Williams-Cassady**—At St. Stephen's Presbyterian Church, New Westminster, B. C., by the Rev. Peter Henderson, May 6th, 1922, Mary Elizabeth Cassady (Vancouver General Hospital) to Mr. Humphrey David Williams, They will reside at Stadacona Apartments, Vancouver, B. C.

**McDonald-Moodie**—On May 10th, 1922, at the Eburne Presbyterian Church, Eburne, B. C., Norval Mae Moodie (Nursing Sister C. A. M. C.) to Gordon Kilgour McDonald, of Vancouver. They will reside in Eburne, B. C.

**Wellman-Knapman**—At Richmond Hill, Ont., on April 12th, 1922, Alice Knapman (Orillia General Hospital, 1919), to Mr. A. Wellman.

**Rafter-Day**—In Toronto, April 19th, 1922, Miss Annie Day (Riverdale Isolation Hospital, Toronto), to Mr. Edward Rafter.

**York-Johnston**—In Calgary, April 13th, 1922, Miss Mary Johnston (Riverdale Isolation Hospital, Toronto, 1916), to Mr. J. A. York.

**Rogers-Parr**—In San Francisco, Calif., on April 27th, 1922, Maud, daughter of Mr. and Mrs. J. C. Parr, Vancouver (Vancouver General Hospital, 1917), to Dr. J. D. Rogers, of the staff of the Marine Hospital, San Francisco. Dr. and Mrs. Rogers will reside in Folsom City, Calif.

## DEATHS

**Holmes**—In February, 1922, Amy Elizabeth Holmes, graduate of the New York Hospital Training School for Nurses. The funeral services were held in the chantry of Grace Church, New York, and the following day, in the American National Cemetery at Arlington, she was laid to rest with military honors—this heroine of three wars. Major Julia Stimson, Director of the Army Nurse Corps, Miss Clara D. Noyes, and Miss Butler, were among those present. Miss Holmes, born in England, is known to Canadians, as she lived in Richmond Hill, Ont., for some years, served in the Spanish American war, Nursing Sister on active service in the South African Boer war, Matron on the Hospital Ship Delta in August, 1914, to 1916, Acting Matron Q.A. M.I. M. N. S. in Egypt till 1918; after Armistice was Assistant Head of Paris Office, American Red Cross Nursing Service. She obtained the Royal Red Cross, first-class, 1914-15 star, and was mentioned in dispatches by General Sir Ian S. M. Hamilton, G. C. B., D. S. O., A. D. C., for gallant and distinguished services in the field. Many Toronto nurses and friends will remember Miss Holmes with pride and affection. The memory of the cheery poise, selfless devotion, fearlessness, simplicity and essential modesty of this consequently heroic life will ever serve as an inspiration to all whose privilege it was to have known and loved Amy Elizabeth Holmes.



The whole basis on which society depends is not the capitalistic system, the Soviet system or any other system. If we abolished all money to-morrow, if we took again to cowrie shell or some other of the many forms of currency that were prevalent thousands of years ago, we should, each of us, still depend upon our service to our fellow man for our very existence, not on service to ourselves alone, that would not take us very far, but our service to our fellow-man, and I cannot imagine any higher aspirations that the world can be given than the teachings given by our Saviour. He ignored poverty—it did not matter to Him if the man were poor, he was just as good and as high in Christ's estimation as the rich man; He disregarded wealth, rich and poor were both on one common platform to render service to their fellow-man, make themselves of use, and if they were neither of them willing or prepared to do this, one because he had much wealth laid by and the other from indolence, then they were both cast into oblivion. The soul was immediately required of the rich man and the poor man was immediately cast into outer darkness, and the punishment was equally fair and just to each.

—Lord Leverhulme.

---

Stand for the right;  
No good thing is failure,  
And no evil thing success.



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Sleeplessness is often caused by going to bed with an empty stomach, when the feeling of hunger produces restlessness. "Ovaltine" provides ample nourishment, arouses no digestive activity, but is entirely and easily assimilated, even when the digestive functions are disordered.

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## THE TAPESTRY WEAVERS

Let us take to our hearts a lesson—  
No lesson can braver be  
From the ways of the tapestry weavers,  
On the other side of the sea.  
Above their heads the pattern hangs,  
They study it with care;  
The while their fingers deftly work,  
Their eyes are fastened there.  
They tell this curious thing besides  
Of the patient, plodding weaver,  
He works on the wrong side evermore  
But works for the right side ever.  
It is only when the weaving stops,  
And the web is loosed and turned,  
That he sees his real handiwork  
That his marvelous skill is learned.  
Ah, the sight of its delicate beauty,  
How it pays him for all his cost!  
No rarer work than his was  
Ever done by the frost.  
Then the master bringeth him golden hire,  
And giveth him praise as well,  
And how happy the heart of the weaver is,  
No tongue but his own can tell.  
The years of man are the looms of God,  
Let down from the place of the sun,  
Wherein we are weaving away,  
Till the mystic web is done.  
Weaving blindly, but weaving surely,  
Each for himself his fate.  
We may not see how the right side looks,  
We can only weave and wait.  
But looking above for the pattern,  
No weaver need have fear  
Only let him look clear into Heaven,  
The Perfect Pattern is there.  
If he keeps the face of our Saviour  
Forever and always in sight,  
The toil shall be sweeter than honey,  
His weaving is sure to be right.  
And when his task is ended,  
And the web is turned and shown,  
He shall hear the voice of his Master,  
It shall say to him "Well done."

The above poem, written in her handwriting, was  
found among the papers of Amy Elizabeth Holmes.



## CLEVELAND MATERNITY HOSPITAL AND DISPENSARIES OF WESTERN RESERVE UNIVERSITY

has, in the interest of obstetrical nursing, assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

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Preliminary Course, 4 months, given at hospital of Student Affiliation.

Medical Nursing .....	6 months
Surgical Nursing .....	3 months
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Diet Kitchen .....	2 months
Contagious .....	2 months
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#### Maternity Hospital—Last 8 Months

Mothers .....	2 months
Babies .....	2 months
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Parental, Delivery and Postpartum experience.....	2 months
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#### *Allowance*

Books, uniforms and maintenance throughout.

Four weeks vacation each year.

## POST GRADUATE COURSE

A Post-Graduate Course of four months is arranged for graduates of accredited schools. Maintenance and \$25.00 per month for uniforms and books is allowed.

The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

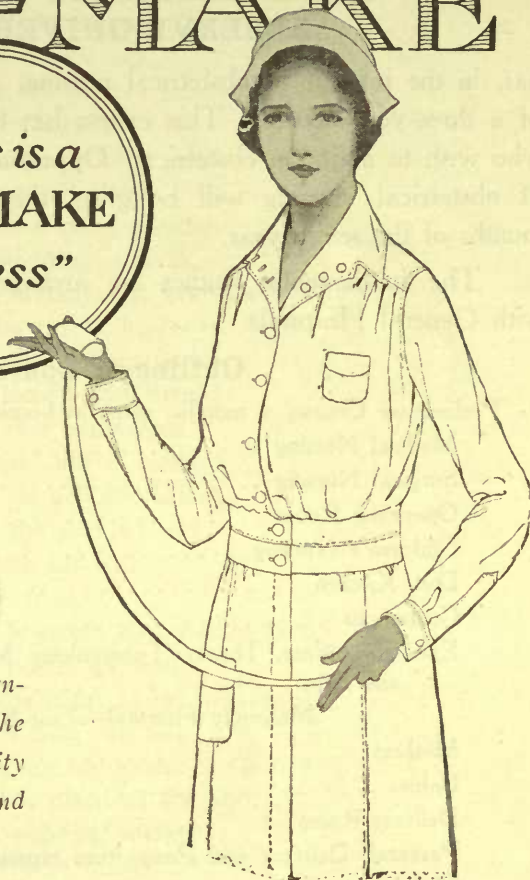
Apply, Superintendent, Maternity Hospital,  
3735 Cedar Avenue, CLEVELAND, OHIO.

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### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

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Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

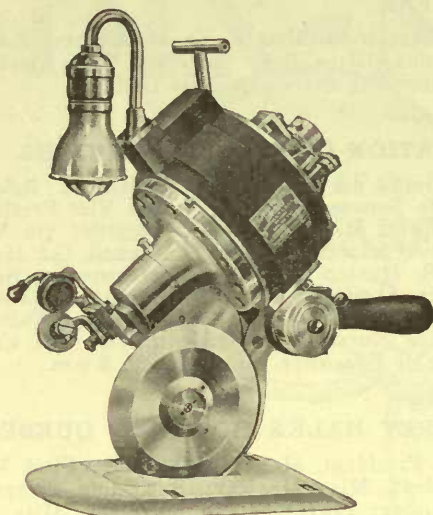
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Regular Meeting, First Tuesday, 8 p.m.

**THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.**

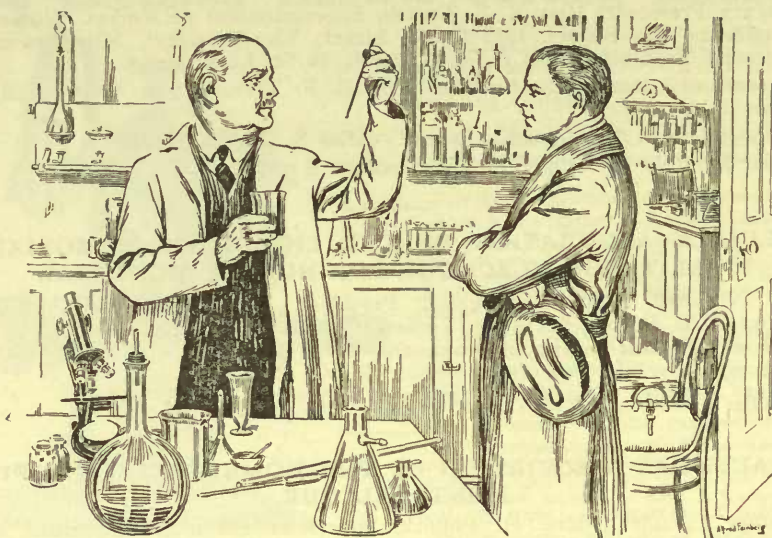
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Representative to Ottawa Chapter—Miss M. Nelson.

Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.



DR. JUNIOR: "Discovered something new, Doctor?"

DR. SENIOR: "New to most of us—yes. I have been confirming, by actual laboratory experiment, a statement made in Lewkowitsch's Book, *Chemical Technology and Analysis of Fats and Waxes* (page 245), which shows that heat is generated and practically available, in a mixture of 42 parts Water and 58 parts of c. p. Glycerine."

DR. JUNIOR: "Of course we know that all chemical action produces heat——"

DR. SENIOR: "Exactly. But many of us would think a mixture of Glycerine and Water a simple mechanical combination; never realizing that there is chemical combination also."

DR. JUNIOR: "Well, is the degree of heat of such amount as to be of use, therapeutically?"

DR. SENIOR: "Nine degrees in a few hours is something, eh?"

DR. JUNIOR: "Rather——yes."

DR. SENIOR: "Now, I understand how Antiphlogistine, which contains a large amount of c. p. Glycerine, not only retains heat but actually generates heat."

DR. JUNIOR: "But where is the water, Doctor? Antiphlogistine contains no water——"

DR. SENIOR: "That is right, but the osmotic action of the Antiphlogistine, whereby the glycerine of the application interchanges with the water of the tissues, keeps up a steady, blessed heat generation as long as the process continues—until saturation is met. Antiphlogistine, the scientific product of a scientific laboratory, is of practical, remedial application."



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Regular Meetings—First Friday of each month, at 8 p.m.

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Meeting, Third Thursday at 8 p.m.

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### THE KITCHENER AND WATERLOO GRADUATE NURSES' ASSOCIATION.

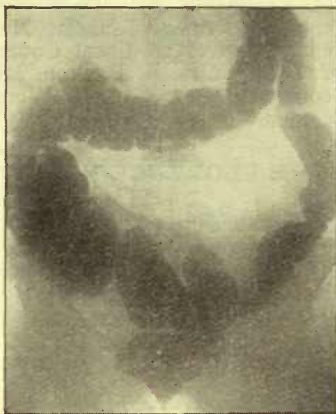
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Representative to "Canadian Nurse"—Miss Ada L. Weseloh.  
Regular Meetings—Second Thursday of each Month.

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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

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No. 7

## Officers of the Canadian National Association of Trained Nurses, 1921-1922

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## Report of the National Memorial Committee

The National Memorial Committee plans this month to publish a very brief report, as the annual meeting in Edmonton will be held in the near future, when a complete report will be presented to the members of the Canadian National Association of Trained Nurses. The Treasurer's report is encouraging in a way, but discouraging from the fact that a large proportion has been contributed by two provinces, Quebec and British Columbia.

Receipts and Expenditures	
British Columbia .....	\$2415.00
Alberta .....	170.00
Manitoba .....	524.00
Ontario .....	1156.00
Quebec .....	6030.10
Nova Scotia .....	50.00
Prince Edward Island .....	100.15
Total.....	\$10,445.25
Expenditures—National Committee .....	78.20
Bank Balance .....	\$10,367.05
Receipts—not deposited:	
Saskatchewan .....	425.00
New Brunswick .....	159.70
Balance on hand June 11th.....	<u>\$10,951.75</u>

The Business Committee is endeavoring to secure permission to place the memorial inside the parliament buildings instead of in Major Hill Park. The location desired is on the ground floor in the main corridor near the entrance to the parliamentary library. On June 1st, Mr. Cleveland and Mr. Gerald Larkin interviewed the Right Honorable Mackenzie King concerning the inside location. Later they met a committee-in-council consisting of the Prime Minister, the Speaker of the Senate, the Speaker of the House of Commons, the Minister of Public Works, the Honorable Mr. Beland, and the Honorable Charles Murphy. After discussion, the matter was left for a later decision, after designs of the proposed memorial had been submitted.

It has been brought to the attention of the National Committee that many nurses may not be in touch with the committee working in their individual province.

Subscriptions can always be sent to the National Treasurer, Miss Katherine Davidson, 131 Crescent Street, Montreal, Quebec.

JEAN I. GUNN,

Chairman, National Committee.

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For tho' the Giant Ages heave the hill  
 And break the shore, and evermore  
 Make and break, and work their will;  
 Tho' world on world in myriad myriads roll  
 Round us, each with different powers,  
 And other forms of life than ours,  
 What know we greater than the soul?  
 On God and Godlike men we build our trust.

*Ode on the Death of  
 The Duke of Wellington.*



## Development of Hospital for Sick Children, Toronto

---

The following is a short synopsis of a talk given to the members of the Alumnae Association of the Hospital for Sick Children. Lantern slides were used, showing the various buildings and the development of the various departments in connection with the work carried on by the Hospital for Sick Children.

This brief outline of the development of the hospital was obtained from the records available in the hospital:

Mrs. MacMaster and Miss Knapp, two women struck by the state of neglect and want and no place where children could be looked after in time of illness, and many absolutely dying for want of cleanliness and fresh air, wondered if nothing could be done for these neglected sufferers—if someone could only establish a hospital for sick children. A little cottage and a nurse was the extent of their vision at first. One or two of the weak ones thought of the Great Physician, and told Him their cares and thoughts. He said: "Try!" A statement was made of the needs of these little ones, and soon letters came pouring in, commending the project and offering sympathy and aid. A circular was sent addressed to the Christian public.

In securing means to establish the hospital, the ladies did not intend to solicit help from anyone, further than to give information relative to their wants, plans and purposes, believing that if this be of the Lord all the assistance would be forthcoming.

The ladies mentioned the project to several of the most prominent physicians of the city, who promised their regular and gratuitous service. In speaking of this to a few friends, the following articles were promised towards furnishing the hospital: 6 iron cots made to order; 2 cots furnished with mattresses, pillows, etc.; \$20.00 worth of cotton for sheets, pillow cases and nightgowns; \$10.00 in medicines for dispensary; all the coal oil required; 2 pairs cot blankets; scrap books; 2 pairs little socks to draw on when the patients sit up; besides \$86.96.

As money began to flow in and furnishings, etc., were added, the ladies began to feel that it would never do to take less than a fair-sized house and looked out for a good matron. So they were soon praying and looking around in every quiet street for a house. Satisfactory arrangements were made with a Christian woman as nurse, and a house was soon found at 31 Avenue St., containing eleven rooms. In March, 1875, a lease was signed for two years at \$320.00 a year.

Thus encouraged, they felt bound to proceed. As soon as there was enough to furnish a house of moderate size, and sufficient to pay

the rent, salary of the matron and wages for a servant for three months, they decided to open the institution.

The stove so kindly and cheerfully offered was taken and set up, and the furniture donated was all arranged and everything was ready to start work. Just as arrangements were made for the dedication of the work and workers, the matron took ill and died within ten days. She left her furniture to the hospital for the purpose of aiding the work, and the woman who was engaged to nurse her was retained as matron.

On March 23rd, 1875, the hospital was opened with a service of prayer and praise by many Christian friends. The work was maintained and carried on entirely upon the principle on which it was founded—simple and direct faith in the gracious promises of God. The work was fourfold: Medical, Religious, Prospective and Behind the scenes.

As the interest deepened and the work increased, it was evident that the humble building, the birthplace of this cause in Toronto, was too restricted in space and defective in many respects, so that it was necessary to acquire more commodious quarters. The work of caring for the sick children of Toronto was carried on in the following buildings—the changes being made as the demands presented: (1) Avenue St.—Opened March 1st, 1875; (2) Seaton St. (now The Haven)—Moved to this in 1876; (3) Elizabeth St.—In April, 1878, the premises were acquired, and after alterations had been made, the children were moved into the building the last week in May; (4) Jarvis St. building. (5) The cornerstone of the present building on College St. was laid September 6th, 1889, by E. F. Clarke, Esq., the Mayor of Toronto, and the building was formally opened May 6th, 1892. This was named the Victoria Hospital for Sick Children, as it was the 50th anniversary of Queen Victoria's accession to the throne.

#### MATRONS AND SUPERINTENDENTS.

In the month of May, 1886, Miss F. . . . ., after a period of seven years, sent in her resignation as matron. As always in their difficulties, the ladies went to God in earnest prayer and proved their extremity to be His opportunity, help coming to them through Miss Cody and Miss S. . . . ., both consecrated, devoted and skilled women, having received their training in the Toronto General Hospital. Miss S. . . . . was placed in charge of the hospital on Elizabeth St. for the summer and Miss Cody went to Lakeside Home.

In 1889, Mrs. MacMaster, founder and president of the hospital, decided to enter Cook County Hospital, Chicago, and to take the regular course in nursing in the training school connected with the hospital in order to qualify her more fully for the duties of presiding officer. Upon her return in 1891 she resigned as president and was



appointed superintendent. Circumstances necessitated Mrs. MacMaster removing to Chicago. She was presented by the hospital board with an address, a purse of gold, and an album containing photographs of the hospital.

Miss Underhill, a graduate of the Toronto General Hospital Training School for Nurses, and who had been connected with the Hospital for Sick Children for some years, was appointed superintendent in 1892, which position she held until 1896.

She was succeeded by Miss L. Brent, a graduate of the Brooklyn City Hospital. Miss Brent administered the affairs of the hospital in a most distinguished fashion from 1896 to 1913, when she resigned to be married.

The first Medical Staff consisted of the following gentlemen: Consultants— Drs. Hodder, U. Ogden, Aitkens, H. H. Wright, and Thorburn. Active Staff—Drs. F. H. Wright, Zimmerman, Buchen, I. H. Cameron, Fulton, and Reeve.

First Board of Trustees—The Honourable Mr. Justice Patterson, Henry O'Brien, Esq., William Gooderham, Esq., Edmund B. Osler, Esq., and The Honourable Chancellor Boyd.

#### THE TRAINING SCHOOL

Nurses and helpers were all spiritually minded, devoted Christians. Each nurse was allotted one hour a day for rest, but these servants of the Master occupied the hour in distributing tracts and holding cottage meetings amongst the poor, and religious devotions were held every Friday morning at eleven o'clock.

In 1866 the training school was established, and in 1888 Miss Josephine Hamilton, the first graduate, completed the course of two years. After thirty-five years' service, Miss Hamilton is still an active, energetic personage in the nursing world to-day.

Up to the year 1889 the lectures were held very irregularly, owing to the demands upon Miss Cody's time. With a desire to make the training school as efficient as possible, Miss Underhill, who had been in charge of the Lakeside Home for two summers, was appointed assistant matron.

Pupils came on probation for one month, and, if accepted, \$8.00 per month for the first year, and \$10.00 per month for the second year were paid. Lectures were given by the following doctors in their particular line of work: Drs. G. Peters, J. McCallum and W. Thistle, and on Friday evenings the pupils all studied under the supervision of the superintendent.

The first graduation was held in 1891, Miss A. Snively being present, and the class was presented with elegant gold pins. In 1906 this training school was the first to establish the preliminary course in

Canada. Miss A. S. Kinder, a graduate of the Polyclinic Hospital, was appointed to the position of instructress, with a class of seven probationers. This position she held up to 1913, when she was appointed assistant superintendent.

The training school has grown steadily and is one of the foremost schools in the country. In accordance with the New York Board of State law the school was registered in 1904 by the Board of Regents of the State of New York, thus enabling graduates of this school to become registered in the State of New York, after taking the necessary examinations.

In the year 1916, Mr. Ross Robertson, our great benefactor, presented a scholarship of \$500.00, thereby making it possible for the nurse best qualified to continue her studies at Teachers College, Columbia University, N. Y. Since this time we have been able to send one or more of our graduates to either Teachers College, Toronto, or McGill Universities. This was made possible by the generosity of two members of the board of trustees.

The Alumnae Association was organized in 1909, and has always stood for the highest ideals and does much to help the young graduate. The members of the Alumnae organized the Heather Club in 1909, having for its object the care of the child who has been exposed to tuberculosis. The Alumnae has also established a scholarship of \$3.00.

A very complete course of lectures are given the student nurses at the University of Toronto. Theoretical and practical instruction is also given in the training school and unusual clinical advantages are available for the pupil nurses.

By affiliation with the Toronto General Hospital, each pupil receives a four months' course in adult nursing during her period of training. The opportunity of two months' experience in public health nursing is given to a certain number of student nurses who seem especially adapted for this type of nursing work. This school has extended its opportunities to other schools for the special branches of theoretical and practical nursing.

The school is unique in its possession of two well-equipped libraries. One contains 141 books, which supplements the class-work and enables the pupils to pursue their studies at a great advantage while in the school.

A diploma and pin of the school are awarded to those who have completed satisfactorily the full term of three years. Two scholarships are available for senior students who have demonstrated their ability and who desire to pursue advanced work.

Nurses graduating from the training school of the Hospital for Sick Children are prepared for any of the various opportunities and fields of work now open to the graduate nurse.



From a very small beginning the staff of the training school is as follows: Superintendent of Training School, 1; Assistant Superintendent, 1; Instructress, 2; Office Assistant, 1; Night Supervisor, 1; Operating room Supervisor, 1; Operating room Supervisor (night), 1; Supervisor of Residence, 1; Graduate Head Nurses, 13; Pupil nurses, 115 (including 17 from affiliated schools).

The above does not include dietitians in charge of diet kitchen, milk department and research laboratories.

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## The Prevention of Measles

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Measles is a disease which attacks most people at the time they are first exposed. Most people are exposed to it in their early childhood, and it has therefore become a more or less accepted inconvenience of early life. "Only the measles" is a trivial incident in the development of our children. This is the philosophy with which we have had to be content in facing the facts. Yet as a cause of death in early childhood measles ranks foremost. In New York City during the years 1910 to 1918 it was responsible for 44 per cent, of all deaths between the ages of one and two years..

Because most of these deaths are due to bronchopneumonia following measles, it is the bronchopneumonia which is feared. But the bronchopneumonia would not occur if measles had not first prepared the way. It is exactly the same relation as exists between influenza and bronchopneumonia, but for young children the measles combination is much more formidable. It is the greatest single enemy they have to meet. The eradication, practically, of small-pox leaves no doubt as to this. Also the eradication of small-pox gives rise to the hope that measles may some day fall before the forward march of Preventive Medicine.

This hope was entertained over a century and a-half ago, when it was attempted to inoculate the skin of unexposed children with the nasal secretions of active cases of measles. From that time until comparatively recently, however, little has been done, and it is only since the development of experimental methods in animals that there has been reported more promising work. The application of the principles of isolation and quarantine have been disappointing because the periods of greatest contagiousness in measles are before the symptoms of the disease have developed beyond those of an ordinary "head cold." As soon as the rash begins to fade the disease is no longer contagious, so the isolation of measles, to be effective, must be the isolation of every head cold. This would of course be impossible.

The various ways in which modern investigators are attempting to solve the problem are interesting. Thus, Herrman, in New York,

transferred mucus from the nares of an afflicted child twenty-four hours before the appearance of the rash, to the nasal mucus membranes of forty infants under five months of age. Children under this age have a certain amount of natural immunity which he hoped to convert into a permanent immunity by producing a mild or unrecognized attack of the disease. Four years later he reported that he had been able to follow twenty-five of these children and that only two of them had contracted measles—a morbidity of eight per cent.

The use of convalescent serum has been established as an efficient prophylactic measure when certain technique has been used in drawing the serum and in regulating the dosage. This technique has been worked out mainly by Degkwitz and Kutter in Europe, and to a lesser extent by other investigators in this country. This method, although it protects temporarily, is of value mainly in weathering short periods of danger, for many children so protected again become susceptible and take the disease after a few months. Also this method must be used before the disease has established itself—that is before the early conjunctivitis and rhinitis appear, or within four days of the time of exposure. This means that the first case appearing in any group of susceptible people must be promptly diagnosed and that those exposed be as promptly treated.

But the starting point of all these measures is with an already developed case. Very little progress can be made by treatment which depends on previous cases for its existence, for the more the disease in question is checked the less is there available a means for holding it in check. In the use of the principles of immunity we must find methods which enable us to use animals, if we are to continue our efforts over long periods. If animals can give us unlimited ammunition, then we can carry on the war against disease indefinitely, and the ability to carry on indefinitely means ultimate victory.

The work so far carried on with animals is therefore of greater interest, even though it has as yet not produced actual results. As yet the only animal in which scientists have been able to produce the disease measles in such a way that there can be no doubt as to its identity is the monkey. Measles was first produced in monkeys about ten years ago, but that original work was subsequently discredited by other investigators. Two years ago the problem was again taken up by Blake and Trask at the Rockefeller Institute. Their first step was to confirm the original idea that it was possible to produce the actual disease of measles in the monkey. They established the fact that it is possible beyond any doubt. Through many generations they produced with regularity a disease which showed the typical conjunctivitis, coryza, bronchitis, enanthem or Koplic spot, and exanthem or rash. Lastly they noted the frequent complicating bronchopneumonia and demonstrated under the microscope that the lesions were identical with those produced in man.



They found that the virus of measles was present in the blood and could be transferred by blood transfusion to another animal, from about the fourth day after exposure until the rash on the skin had reached its height. It is interesting in this connection to note that convalescent serum does not prevent the disease after about the fourth day following exposure—that is, convalescent serum is useless after the virus has once entered the blood stream. Also, it is clinically true that measles is no longer contagious after the rash has begun to subside—that is, soon after the virus has left the blood stream.

This is the preliminary step. Professor Blake and his associates are now engaged in an attempt so to reduce the virulence of their measles virus that it can be made to produce only a local disease, or a very mild type of disease, which will not create the danger of a complicating bronchopneumonia, but which will confer a lasting immunity to the disease which is running through the country at large. If they are successful in this, their contribution to humanity will be a great one, but it takes a long time to establish such methods. The product will have to be standardized. It will have to be thoroughly tried out and established. It will have to be marketed in large quantities. And lastly, it will have to overcome the political venom of ignorance.

—*The News Letter.*

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### Care of Premature Babies

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When I look over the many and various hospital magazines, it strikes me there is little from the smaller hospital, many of which are scattered in our province, and I feel sure are doing good work. Since December, 1920, I have been Superintendent of one of those (about eighty beds), and I would like to draw your attention to our maternity department, of which we are very proud. Ever since I came here we have had premature babies, and it is to this department I would like to draw your attention.

One of our rooms was made into a premature room, and, with the ordinary radiator and the assisted heat of an electric heater, the temperature was kept at 80° Fahr. Our premature babies have done well, and I will cite one as an example, it being the second premature, and the mother was so keenly desirous it should live, as the other died.

Baby girl, born November 11th, 1921; weight, 4 lbs., 7 oz., losing weight till November 29th, 1921, when it registered 3 lbs., 11 oz. The baby was fed Formula 7-20, 1 teaspoonful Brandy, 3 drops every 2 hours, and directly the milk came into the mother's breasts the quantity was increased gradually, feeding at the rate of 40 calories per lb., which is considered low. However the infant regurgiated and was generally upset with an additional quantity. Brandy was decreased

to two drops November 27th, 1921; the baby is still gradually but slowly gaining in weight, being oiled and weighed every other day. Absolutely no visitors are allowed in the premature room and the feedings are given every 2 hours.

The mother went home after the fourteenth day, and, previous to going, the nurse in charge gave instructions as to the sterilization of the necessities for pumping the breasts, and the milk came regularly to the hospital, the mother being of the intelligent type and was so very anxious for the baby to live.

On December 27th, 1921, the premature weighed 4lbs. 4½oz., the brandy is discontinued, and the feedings are two and a-half table-spoonfuls every 2 hours; feeding modified milk three times in 24 hour, as the breast milk is insufficient; our caloric value is up to about 60, and the baby has normal stools, is bright and doing well. On January 12th, 1922, the record shows weight, 5 lbs. 5½ oz.; feeding the same quantity; milk shows signs of disturbing, as the baby vomits frequently; stools green with a decided tendency to constipation. On January 19th, 1922, Dextra Maltose, half teaspoonful, is added to formula and feeding reduced to every 3 hours during the night.

On January 30th, 1922, feeding increased to four tablespoonfuls every 2 hours during the day, every three hours during night; weight 5 lbs., 13 oz. Loss of weight from February 1st, 1922, to February 4th, 1922, 1½ oz.

On February 5th, 1922, baby discharged; weight 5 lbs., 13 oz., and in perfect condition, as signed by the doctor on the chart. I hope this may be a means of stimulating in every hospital the need for proper means to enable the pupil nurses to get this very necessary training to enable them to care for a branch of work which, to a certain extent, has been neglected.

MARGARET TAIT



Oh, yet we trust that somehow good  
Will be the final goal of ill,  
To pangs of nature, sins of will,  
Defects of doubt, and taints of blood.  
That nothing walks with aimless feet;  
That not one life shall be destroy'd,  
Or cast as rubbish to the void,  
When God hath made the pile complete.

*In Memoriam*



## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

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### LECTURE X.

#### SECTION 22.

#### NURSING IN THE GREAT WAR.\*

(a) *The British*, (b) *The Canadian*, and (c) *The American Army Nursing Services*; (d) *Edith Cavell*, and others.

(Continued)

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Slide 254—Major Julia C. Stimson. The daughter of a New York clergyman, Miss Stimson was graduated from Vassar College, and from the School of Nursing of the New York Hospital, New York City. For three years she was Superintendent of Nurses at the Harlem Hospital, New York. She went to St. Louis in October, 1911, to take charge of social service work in the Washington University and the St. Louis Children's Hospitals, and later became Superintendent of Nurses of the Washington University Training School of that City.

When the Red Cross Department of Military Relief authorized the organization of Base Hospital No. 21 within the Washington University Medical School, Miss Stimson was appointed Chief Nurse. She went to France in April, 1917, and was stationed at Rouen, where her unit took over No. 12 General Hospital, B. E. F. At the request of the Red Cross Commissioner in France, the Chief Surgeon of the American Expeditionary Forces assigned Miss Stimson to duty with the American Red Cross, and in April, 1918, she was appointed Chief Nurse of the American Red Cross in France. On November 15th of the same year the Chief Surgeon appointed her Director of the Nursing Service of the American Expeditionary Forces, at which time she took over the responsibility for 10,000 members of the Army Nurse Corps at that time serving with the A. E. F. In July, 1919, she returned to the United States, and was appointed Dean of the Army School of Nursing, and a few months later Superintendent of the Army Nurse Corps.

Miss Stimson received the Distinguished Service Medal of the United States, the British Royal Red Cross, First Class, and the *Médaille de la Reconnaissance Française* from the French Government. She has recently been awarded the honorary degree of Doctor of Science by Mount Holyoke College.

Slide 255—Miss Carrie M. Hall, who was, with Miss Julia Stimson and Miss Lillian D. Wald, a delegate from the United States to the meeting of the League of Red Cross Societies on June 1st, 1919, Superintendent of Nurses and Principal of School of Nurses of Peter Brent Brigham Hospital, Boston, Mass., member of National Committee American Red Cross Nursing Service, Chief Nurse of the American Red Cross in France, succeeding Miss Stimson.

(d) THE SUPREME SACRIFICE—EDITH CAVELL AND OTHERS.

*Remarks:* The name of the English Martyr Nurse of Brussels who remained at the post of duty succouring wounded friend and foe alike, after the city had surrendered, and who paid the soldier's extreme penalty for an act done in her country's service, may well stand as representative of that heroic dying in a cause to which not a few of her sisterhood attained, to their lasting glory and undying fame.

Slide 256—Edith Cavell. Daughter of the Vicar of Levardeston, Norfolk, and trained in the London Hospital. In 1907 established a Training School at the Brussels Surgical Institute and there introduced the Nightingale System into Belgium. Presented an able "Report on Nursing in Belgium" at the International Congress of Nursing in 1909, which outlined the movement in that country and the progressive attitude of medical profession in regard to it. On the outbreak of the Great War and the invasion of Belgium, she remained at her post and aided by nursing the wounded both on her own and the enemy side. This work ceased after the evacuation of Brussels by the Germans, and on August 3rd, 1915, she was court-martialed on the charge of harbouring English and French soldiers and Belgians of military age, and helping them to escape. She was executed on October 13th in the walled yard of the prison of St. Gilles by a German armed firing party, in spite of all efforts made to avert her fate. She showed a truly remarkable spirit of bravery, fidelity to duty, unshaken Christian kindness, and real heroism throughout

Slide 257—Statue of Edith Cavell. Erected in the City of Brussels immediately after the signing of the Armistice. Its unveiling was the first official act of King Albert upon his entry into the capital. It bears the inscription on one side—"Miss Edith Cavell—*Hommage à L'Angleterre*, 22 November, 1912," and on the other, "From Grateful Belgium." A picture of Miss Cavell in nurses' uniform is seen also in the corner of the slide.

Slide 258—Bronze medal, showing fine bas-reliefs of Edith Cavell in nurses' uniform and Mme. Depage, wife of the celebrated Dr. Depage of the Belgian Red Cross, with their names. The other side bore as an inscription the word "Remember," and the date—"1915." Presented by Dr. Depage to the members of the International Nursing Students (League of Red Cross Societies) at King's College for Women on June 21st, 1921.

Slide 259—Commemorative tablet in the National Burying Ground at Brussels, on which are engraved the names of 35 heroes who were shot by the German soldiers. Among these is seen the name of Edith Cavell. Behind the tablet is a square surrounded by a low marble tile with chained pillars at each corner, enclosing a gravelled space with a small marble elevation in the centre marking the spot on which the chair was placed on which the condemned were seated to be shot.

Slide 260—Canadian nurses drowned by Enemy action on the Hospital ship Llandovery Castle, June 22nd, 1918. (a) Nursing Sister Margaret Fortesque, and (b) Nursing Sister Gladys Sare, both graduates of the Montreal General Hospital. (c) Nursing Sister Alice Dussault, a graduate of the Royal Victoria Hospital, Montreal. All were active members of the Canadian Nurses' Association.



Slide 261—Nursing Sister M. Katherine Gallaher, drowned on transport duty on the Hospital Ship, Llandoverly Castle. A graduate of the Lady Stanley Institute for Trained Nurses, General Protestant Hospital, Ottawa, Ont., Superintendent, General Hospital, Moose Jaw, Sask. for three years previous to going overseas in 1915. Served in France for three years.

Slide 262—Funeral Service of six Canadian nurses, killed in the dormitory of No.1 Canadian Hospital, Etaples, France, 1918.

(To be Continued)

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## Editorial



After many, many months and years of waiting, after days of attending a Royal Commission, when the summing up of the learned judge was to publicly state that the graduate nurses of Ontario had worked hard and worked alone, as far as help was concerned, to get themselves recognized and their registration legally assured, comes the news of the passing of the Act respecting the Registration of Nurses in Ontario. Needless to say, on reading it, that the nurses were not consulted to any noticeable extent. It will be found in the hospital notes from Ontario. One must wait till the regulations as prescribed by the Lieutenant-Governor-in-Council be published for criticism, but one also asks where could you find another example of regulations standardizing a profession taken completely out, so far as can be learned now, of the hands of the members of that profession themselves? Ask the physicians or lawyers what they would think of a like condition for their profession.

It is to be hoped that the Board which the Lieutenant-Governor-in-Council may appoint be composed exclusively of nurses, who are after all the most interested and most competent to set the standards of the nursing profession. Every effort should be made to see that the standards are sufficiently high that the Ontario R. N. certificate be recognized elsewhere. If they are not, a hardship will surely be felt when reciprocity with other provinces, states and countries is asked for and refused.

The Act, as it stands, holds too many chances for low standards and constant agitation to be of much comfort to those earnest women who have worked so long and with so little apparent success.

\* \* \* \*

The following editorial from *The Pacific Coast Journal of Nursing* applies to Canada as well, and it is inserted in the hope that we too may all be on the alive file of our respective provincial registration office.

## WHY USE THE R.N.?

Nurses have fought and bled for their R.N. on many a legislative battlefield. It has come to be the symbol of a profession; the magic two letters that open the door and lead further on; that places the seal of qualification and proclaims the holder as one who has met certain requirements. It is not easily won; it has cost three years of stiff training, a state examination, sometimes two and three examinations. It is a precious possession, something to be cherished and protected—not lost. Many things depend upon it—professional standing, membership in organizations, positions. Without it the doors are closed.

The R.N. is for the nurse what the M.D. is for the doctor, the D.D.S. for the dentist, the D.V.S. for the veterinarian. Why not use it? Why do we find it absent so often when officially it belongs at the end of a name? Mary Smith is just Mary Smith, a woman; Mary Smith, R.N., is a registered nurse, a graduate of an accredited school of nursing who has qualified by state examination, who knows or should know her business as a nurse; she has some standing and a definite status.

In a certain set of files in the Bureau of Registration of Nurses there are five thousand and seven (5,007) registered nurses alive and functioning as such. There are in another set of files four thousand six hundred and twenty-eight (4,628) expired. Some of these are no doubt not of this world, some have left the state, some have abandoned their profession; this is what remains after the renewal of 1922. Undoubtedly some of the expired may later wish to be revived, but as they are now in the files their certificate is dead. The list will soon be ready for the secretaries of the associations to check up on their membership. It is an interesting list because it is alive and worth the work entailed to get it.

Gentle reader, are you in the alive file? Are you using your R.N.?

## Letters to The Editor



Dear Editor:—

It is still the custom of some hospitals to put the nurses in training on special duty with private patients, the Superintendent proudly admitting how much money was made for the hospital by her nurses in training.

Is this right?

Does the pupil nurse gain anything by doing "special" duty before she graduates?

Can we have some discussion on this question?

M. B.



# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
Department of Public Health,  
Halifax.

### Manitoba

Miss Elsie J. Wilson,  
798 Grosvenor Avenue,  
Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
74 Carmarthen Street,  
St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
City Health Department,  
Regina, Sask.

### Quebec

Miss Lawrence,  
207 St. Catherine St. West,  
Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
Prov. Public Health Dept.,  
Edmonton.

### Ontario

Miss Muriel Mackay,  
190 University Avenue,  
Toronto.

### British Columbia

Miss M. A. McLellan,  
1883 Third Avenue, West,  
Vancouver, B.C.

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## ALBERTA.

At the 12th annual convention of the University of Alberta, the following nurses graduated from the Public Health Course: Misses B. Bean, C. Lonsdale, J. Mayson, A. G. Reid, Z. Richardson, M. A. Staley, E. C. Steeves, and M. Strem. Misses Lonsdale and Staley are graduates from London, England, Miss Steeves of the Royal Victoria Hospital, Montreal, and Miss Richardson of the Winnipeg General Hospital; the other successful nurses are from Edmonton hospitals.

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## "PUBLIC HEALTH."

Public Health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will insure to every individual in the community a standard of living adequate for the maintenance of health.—C. E. A. Winslow.

### SOME INFANT MORTALITY STATISTICS.

The honour of having the lowest infant mortality rate in the world belongs to New Zealand, where it is now 40.6 per thousand. Dunedin in 1900 had an infant mortality rate of 80; to-day it is 30.8. This is ascribed to the mild climate, to favourable housing and economic conditions, to enlightened Public Health and Welfare Laws, and to the excellent work of voluntary organizations in the provision of nurses, clinics, and in educational propaganda for the conservation of child life.

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### NURSING.

#### *Training courses in Scandinavia for nurses and welfare workers.—*

The Norwegian Red Cross Society gives two separate and distinct courses of training to women to fit them to be nurses. One course is of three years' duration and is excellent. This training allows the graduates to aspire to the highest posts in the public and private hospitals in the country. The nurses are employed in distant Spitzbergen, where conditions demand excellence and sacrifice on the part of the nurses. This is the principle activity of the Norwegian Red Cross, and doctors and patients have expressed the highest appreciation of these nursing sisters.

The second course is for district nurses and is of one and a-half years' duration. The graduates do bedside nursing in the homes of the poor and have been largely influential in preventing the spread of epidemics.

Recently the Red Cross Society has appointed travelling sisters to tour the country, giving short courses in elementary hygiene, home nursing and infant care to large numbers of women and young girls. The interest manifested in these courses has been very keen, especially in the outlying rural districts.

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### JAPAN GOING AHEAD.

The Japanese Department of Home Affairs reports that, whereas in 1914 there were only 625 social welfare organizations spending annually a sum of £264,463, in 1920 these had increased to 974, and their annual expenditure to £581,233. These are all voluntary institutions. The Japanese Government is also increasingly interesting itself in national health and social welfare, and the public is already clamoring for a grouping under one central Health Ministry of all the various state activities concerned. The general health activity throughout the country has prompted the Home Office to create a Department of Preventive Medicine, which will take over work in connection with the prevention and cure of chronic infectious diseases, and mental disorders. Amongst other efforts, they are endeavouring to find out



how much the children in the public schools have learned about tuberculosis by testing them with the following questionnaire:

- (1) What kind of disease is tuberculosis?
- (2) How are people infected with this disease?
- (3) What treatment is necessary for those who have contracted it?
- (4) What measures ought to be adopted for its prevention?

Strict injunctions are given that the children are to have no prompting in answering the test.

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## Has School Medical Inspection Justified Its Existence

J. T. PHAIR, M.B., D.P.H.

*(Chief School Medical Officer, School Health Division, Ontario  
Department of Education).*

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While those who have been associated with this movement in any of its branches realize that School Health Supervision needs no justification for its past or continued existence by anyone, there are always some people in every community who are prone to seemingly feel that in times of economic depression this service could well be dispensed with. And while this paper is not written with the view that School Medical Inspection is on trial, it is hoped that it may be of some slight value to those whose task it is to establish or present some type of School Health programme in a community.

In briefly reviewing the history of the movement, I would say that the credit for its inception has usually been awarded to Sweden, but the first practical application of its possibilities, I think, rightly belong to the city of Brussels, where a rather comprehensive plan was put into operation in 1874. France, Germany, Denmark, Austria, Norway and Switzerland, all adopted some form of School Medical Inspection during the next decade, and an appreciation of its value was also noted in the British Isles about this period, although it was not until the interest aroused by the physical findings in recruiting for the Boer war, made possible the passing of the Education (Administration Provisions) Act of 1907, that the sporadic attempts to carry on throughout the larger centres ceased, and a nation-wide programme of School Health Supervision was substituted. To Boston belongs the credit of its introduction on this continent in 1894, to be closely followed by New York and Chicago. The movement invaded Canada in the early years of the twentieth century, and from that date to the present the progress towards our goal of an effective plan of School Health Service in every school district, in city and country, has been fairly encouraging. The foundation of the present far-reaching system in Toronto was laid in 1909. The inclusion of the rural-dwelling child in the group of those likely to be benefitted by these activities was not made until a few years ago, when, as the result of well-conducted

surveys by responsible parties, findings which, to say the least, were certainly unexpected, revealed physical conditions almost comparable to those existant among the supposedly less fortunate, city-dwelling children, conditions which demand a very early and intensive plan of action, and I may say that this phase of the work is the one now engrossing the larger share of the time of many of those interested in this field of preventive medicine.

The expectations and hopes that prompted these various countries and municipalities to embark on this health betterment venture are worthy of more than passing thought. In fact, the so-called Medical Inspection of 25 years ago will be difficult of recognition by those now engaged in carrying on the modern conception of the work. The control of communicable disease, and some effort towards improved School Sanitation, were the two factors responsible for its inauguration, and they were for many years the entire fields of activity of the school physician. As to the efficacy of the plan adopted, let me refer briefly to some figures obtained in New York City some twelve years ago. In the year 1910 there were found in school by the School Medical Staff and excluded therefrom 738 cases of diphtheria, 203 of scarlet fever, 628 of measles, 1235 of chicken pox, 234 whooping cough, 1024 of mumps, and 101 cases of active tuberculosis, while some 2986 unreported cases of these diseases were found in the homes. These cases were active ones, definitely diagnosed, not suspects or contracts. The figures supplied by Dr. Cornell, of Philadelphia, for the year 1912, show exclusions for contagion to have reached 6960 in number; these also were cases found by the staff in school or home. In Toronto, comparable figures are available for the year 1921. During that period a total of 7620 cases were reported (including diphtheria carriers) from all sources, while the School Health Service reported 2605 of these as found in school. Practically one-third of the total number of cases in the city were found to be attending school while ill. Conceding that all of these diseases are most communicable during their early stages, the statement that the school-room is the greatest factor in the spread of contagion in any community is seemingly well borne out, and the fact that any attempt to control communicable disease, which does not include an efficient plan of School Health Supervision, is definitely incomplete, is also apparently proven.

Another phase of this service, and one which has been stressed by some as being the major one, namely, detection and correction of physical defects, was added to the duties of school officers and nurses only some fifteen years ago, following an awakened interest in this particular field of child welfare. That an enormous number of children have been materially benefitted who otherwise would have gone on to adult life, definitely handicapped by any one of the many defects which are found to be present in such large numbers among children of this day and generation, is undeniable. All that is necessary is to admit that



the conditions found warrant treatment and the case is closed for lack of argument. Some criticism has been levelled at this aspect of the work, on the ground of interference with personal liberties of individuals, and its apparent assumption of parents' responsibilities. This criticism is to my mind absolutely unfounded, if we bear in mind that the presence of or seriousness of the conditions found has not been appreciated by the parent until it had been brought to their attention by the school health staff, and, if any further evidence is needed, the fact that in all centers reasonably well-served in this way the corrections are second only to detections in number should suffice.

In New York State, not including the city of New York, in a recent report covering the last six years, Dr. W. A. Howe gives some exceedingly interesting figures, the results of work done throughout both rural and urban districts.

Total number of physical examinations made by physicians during the past six years: Cities and large villages, 1,168,912; rural schools, 1,333,520; total, 2,302,432.

Percentage of pupils examined during the past six years: Cities and large villages, 72.9%; rural schools, 80%; average, 76.4%.

Total number of defects reported during the past six years: Cities and large villages, 890,225; rural schools, 1,034,937; total, 1,925,163.

Total number of defects corrected or treated during the past six years: Cities and large villages, 369,057; rural schools, 247,599; total, 616,556.

Percentage of defects treated during the past six years: Cities and large villages, 39.3%; rural schools, 23.9%; average, 31.6%.

125,096 more physical defects were corrected or treated during the school year 1920-21 than during the school year 1916-17. This is an increase in corrective work of 149% in six years. In the rural schools during this same period an increase in corrective work of 42,335 or of 123% was made.

From the city of Toronto, for the year 1921, the following figures are gathered: Number of children examined by so-called C.P., 21,806; number of defects other than teeth, 11,809; terminations other than teeth, 10,237 (these are not necessarily defects found during current year). These figures are exceedingly interesting when compared with those from other centers, and, when compared with those found in the smaller centers and rural districts of this province for the same period; some of which are here given, much of value is discovered. Number of children examined in small urban and rural districts by field staff of Department of Education, 50,468; number found with defects other than teeth, 28,615. Unfortunately no record of defects terminated is as yet available. The fact that the family physician or other agencies, carrying out the treatment, concurs in the findings, and their possible seriousness, in such a large percent of cases, should leave no doubt in the mind of any as to the value of this side of the work.

A third and, to my mind, the most important phase of School Health Supervision is the more strictly educational one, most important in the sense that if we are going to make any material progress towards the goal of improved health conditions, we must attempt to inculcate into the children of to-day, who are to be the future citizens of tomorrow, an early appreciation of the value of good health habits and personal and community hygiene generally. It is aimed to do this by supplementing the accepted hygiene teaching in the class-room, by short, pointed health talks by the staff, which should be made applicable to local conditions. Secondly, by stressing in the home the influence of faulty environment, and defections from the rules of health on conditions found, and by making possible the interest of children and parents in the establishment of the aforementioned habits, by such devices as posters, health plays, health slogans, competitions, and the continued stressing of the subject of good health. While this phase of School Health Supervision is comparatively new, much good has already come from its adoption, in centres where it has been carried out, and the seed sown has already in some places reached the fruit-bearing stage.

Any attempt at justification of School Medical Service would be incomplete without due mention of its influence on physical education and the possibilities in this field. And the too largely ignored application of sound hygienic principles to the school environment, significance of which has not always been fully appreciated, and which is almost as important as the physical state of the children. This also has a very definite place in any system of School Medical Inspection. And here I would state that a large measure of time and interest on the part of School Medical Officers to the question of School Hygiene will result in much that might be adjudged as worth while.

The problem of the mentally subnormal also received a much-needed stimulus by those in the field of the School Medical Inspection. And the ungraded class for this group of children, open air class for the pre-tuberculous and anaemic, the auxiliary class for the crippled and physically defective, the sight-saving and lip-reading class, the special class for cardiacs, nutrition classes, and the so-called forest school, are all outgrowths of School Medical Inspection, and are part and parcel of any modern conception of efficient School Health Supervision. In fact, to-day, the school health staff are very important agents in the plan of co-relating good health and pedagogy, in order to produce the maximum of mental and physical efficiency with the minimum of wasted effort. Surely, in view of these facts, School Medical Inspection has justified its existence, and warrants a place, not as an auxiliary, but as an integral part of the academic programme in any community.

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Read at Annual Meeting of School Health and Physical Education Section, Ontario Educational Association, Toronto, April 18th, 1922.



## Private Duty Nursing Department



**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Isabel Crosby, 97 Avenue Road,

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**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

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### Nursing in Rural Ontario

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As it has been with delight and interest I have read the letters concerning nursing as it is in the Prairie West, let us enter some of the hidden chambers of rural Ontario—

Although somewhat acquainted with the west, where the field is so wide, nurses so scarce (doctors correspondingly more scarce), and facilities so meagre, it is apparent that even in our older settled Ontario the private nurse has ample scope to exercise her every talent—

The telephone rings as it did for me a short time ago—Doctor calls and wants me to go to a home where a mother lies sick, now seven weeks after confinement. The husband comes to my home, to return on a twenty-five mile trip, after 10 p.m. Facing a storm of sleet and rain, we travelled on without a covered buggy, arriving about 2 a.m.

The view on entering that home was one of pity and repulsion. Disorder, etc., etc., in every corner. A poor old half-blind grandmother sitting by the side of the kitchen stove, near which stood a little "go-cart," in which, half reclining, was our new baby. It cried as I entered, from discomfort or lack of nourishment (for it looked as though it might have been either or both). There were three other boys in the family. It was with an unspoken prayer that I hoped I might be of some real assistance.

The mother I found not so physically ill, but was very much worried. For a day or two I attempted to gain their confidence, and soon they seemed willing to listen and learn.

You may imagine their delight when, within a week, chaos was changed into order, the baby sleeping beautifully, the mother about with the family, able to do some mending and listen to the children's stories.

Just a few days ago, at 12.30 mid-day, doctor calls; says he has a case on which he may have to operate this afternoon. He has a call to make five miles in the opposite direction, but by 2.45 p.m. the doctor and I leave town in his automobile to go to the boys' home some ten miles distant.

At 11 a.m. the doctor had called to see this child, and at that time told the parents it might be necessary to operate at once, and told them to clear out the little living-room and have the boiler on with boiling water.

On our arrival, about 3 p.m., the low frame house, situated among trees, did not suggest a very enviable operating room. However, there was a life at stake, and, not having any hospital near, we had to do the best possible.

We entered a lean-to-kitchen in the rear. On enquiring how the child was, the father and mother said the pain was getting worse. On examination, the doctor thought wise to proceed with the operation. Telephoned two other doctors from town to come at once and bring operating table from his office.

In the meantime, the doctor and I proceeded to prepare sheets, towels, gauze pads, basins (which one of the medical men used solely for operations loaned to us), to be boiled in boiler, instruments in sterilizer on stove, absorbent and gauze in oven. Gowns were brought by the doctors themselves.

The little living-room (9 x 12) with its one small window, overshadowed by a large birch tree, was emptied of its furniture and rug. Off this room were two small bedrooms, in one of which was our patient, a boy of eleven years. As the sun disappeared behind a cloud, it was very evident we should have to resort to artificial light, and as there was no one able to hold a lamp, one of the doctors telephoned his sister to come as quickly as possible, bring his "searchlight," which he attached to his car battery, bringing the wire through our one small window, carrying the wire to a hook at the top of the window sash, thence across to a hook in the ceiling, from which the lamp hung immediately above the field of operation. What might we not give for a hospital operating room? Now with our electric light operating table, stands covered with sterile sheets, sterile basins - - - etc., etc., for doctors all ready, we placed the patient on the table.

On opening the abdomen, we found it to be a case of ruptured appendix, which was removed and the abdomen closed, leaving a rubber drainage tube for a few days. It was certainly fortunate, for within another twelve hours the operation would be more serious and perhaps



useless. The patient made an unusual recovery.

Experiences like these, where the downcast are sent on their way rejoicing, where the nurse assists in difficult operation in a 9 x 12, where she brings sunlight of health, with very few facilities or conveniences, have in them a great deal of satisfaction to nurse, family and doctor. The patient and family ever kindly remember the one who has assisted them so sincerely and willingly in their times of difficulty. It seems to me that rural nursing is far more satisfactory than in the city, even though the hours are longer and the hardships greater. A good nurse makes a reputation for herself and retains it—she has full scope for her own individuality. It may not be quite as remunerative, but there is more chance to exhibit the true principles of nursing—charity and service.

ANNIE C. LAWRENCE,

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## Department of Nursing Education



### Symptomatology

BY MARY A. CATTON.

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(Continued from last month)

*Sputum* is of varied character and plainly symptomatic of certain diseases. In some diseases the sputum periodically varies as the disease develops, and is therefore characteristic of certain stages of the disease.

In pneumonia, sputum is at first "mucoid" and then becomes "rusty" or brick color. Mucoid and tenacious sputum is characteristic of pneumonia, asthma, and bronchitis. "Bloody" sputum (frothy) is from the lungs, and the froth is due to air bubbles being mixed with the blood—this may be a symptom of tuberculosis, rupture of a pulmonary blood vessel, abscess of the lung or congestion, and can best be diagnosed by the previous history of the patient.

Bloody sputum containing mucus is very likely to be from the stomach—unless associated with cough and bronchial inflammation, which would suggest that it came from the bronchi.

Sputum containing pus associated with spasmodic cough, and offensive odor, is likely to be from a suppurating and gangrenous lung, abscess or putrefaction.

Muco-purulent sputum is common to chronic catarrhal affections of the lungs and bronchi, especially in chronic bronchitis, adolescent pneumonia and phthisis.

Purulent fetid sputum is especially characteristic of phthisical

cavitation and abscess of the lung, and when empyema ruptures into the lung.

This sputum, when allowed to stand for a while in a conical glass, forms into three layers, an upper layer of dirty froth; a middle layer of turbid mucus in which are suspended purulent strings; and a bottom layer of decomposed pus.

Prune juice sputum (sputum tinged with altered blood) results from retention of blood in the lung—observed in croupous pneumonia, gangrene of the lung, and cancer of the lung.

Currant jelly sputum is very indicative of cancer of the lung.

*Respiration*—affords many objective features pointing to certain diseases or abnormal conditions.

Cheyne-stokes Respiration, or tidal wave breathing, is usually indicative of disease of the mitral valve, or the nerve center controlling respiration, due to certain toxic processes. This type of breathing is characterized by a gradual increase in rapidity until a climax is reached, then gradually subsides and finally ceases entirely for from five to fifty seconds, when it begins again. Respiration may be shallow, labored, stertorous, rapid, slow, wheezy, or sighing.

*The Urine* presents many characteristic symptoms of different disease:—

In Fevers, Urine is diminished in amount, increased in specific gravity, deepened in color, changed in odor.

In Diabetes Mellitus, Urine is increased in sugar.

In Diabetes Insipidis, Urine is increased in amount.

In Diabetes, Urine is changed in odor.

In Nephritis, Urine may contain blood and albumen, is diminished in amount, changed in color, changed in reaction, changed in odor, changed in specific gravity.

Urine is increased in specific gravity in Eclampsia. It may be decreased in Scarlet Fever, and may contain albumen.

In certain nervous conditions, the amount secreted may be large, but only a small amount is excreted owing to retention by involuntary contraction, or lack of co-ordination of the muscles. The specific gravity may be high owing to retained waste products.

*The Feces*, in their color, reaction, volume, consistency, and tenacity, are symptomatic; for instance: in jaundice the stool is white or clay color, owing to the absence of bile coloring matter.

In Typhoid, the stool is distinctly yellowish at first, followed as a rule in well developed cases by diarrhoea, which is excreted involuntarily. In the later stages, however, the stool is firm and constipation is usually present. If there has been obscured intestinal hemorrhage, the stool will show marked indications either of bright red blood, which would indicate recent hemorrhage, or dark red color, almost black, indicating old hemorrhage.



*The Blood* is characteristic to a great extent of certain diseases, but its indications are only made objective by mechanical examination, excepting in one particular, when the pallor of the skin and mucous membrane indicate Anaemia (abnormal percentage of hemoglobin). By examination the blood will, in certain diseases, show either a decrease or increase in white corpuscles, decrease in red corpuscles, decrease in haemoglobin, decrease in amount as a whole, decrease in lymphocytes, decrease in myelocytes, abnormally large or small cells, abnormally shaped cells.

White cells are low in typhoid, high in pneumonia, septicaemia, leukemia, anaemia, aplastic anaemia.

In babies the stools indicate very readily the general condition of the child's health. If the stool is slimy and tenacious, there is inflammation of the intestines indicated.

In Cholera, the stools are watery and sometimes contain blood.

Green stools may be due to calomel or other drugs which interfere with the usual change of the bile pigment into urobilin; and may be due to bacterial pigments or faulty decomposition of bile pigment.

Black stools indicate intestinal hemorrhage, charcoal bismuth subnit., iron, tannin, etc.

White stools indicate jaundice, or obstruction of the bile duct.

Fatty stools indicate chronic pancreatitis, or too much fat in the diet.

Purulent stools indicate fistula in ano, syphilitic or malignant ulcer.

Dienteric stools contain undigested food.

*Pain*—Dull aching, sharp shooting, rasping, spasmodic, migratory, regular, throbbing, needle, broad, burning.

The observation of symptoms should characterize an important point in the accomplishment of a well-trained nurse, not only in that she may be of material assistance to the physician by making accurate reports of the case in his absence, but because a confidence is established in her powers of observation, and her ability to judge, which gives assurance of a well poised intellect, cultured brain, and last but not least, an indication of vigilant attention to her patient.

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Ah! when shall all men's good  
Be each man's rule, and universal Peace  
Lie likè a shaft of light across the land,  
And like a lane of beams athwart the sea,  
Thro' all the circle of the golden year?

*The Golden Year.*



## C. A. M. C. Nursing Service Department

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**No. 3 Canadian General Hospital. Sailed from Montreal  
on the Metagama, May 6th, 1915.**

**The personnel consisted of 35 officers, 73 nursing sisters,  
130 rank and file.**

By MATRON K. O. McLATCHEY.

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Our send-off from Montreal was most enthusiastic and took away a little of the sadness of farewell. The second day out the news of the loss of the Lusitania by enemy submarines caused us to think seriously about "the demons down under the sea." The voyage was fairly smooth and quite enjoyable. Several cases of illness broke out and several emergency operations were performed. Sisters were detailed for duty and the patients well cared for. When we reached the danger zone, we were again reminded of the dangers that lurked unseen. Bands ceased playing, no lights were allowed on deck, port holes were closed and heavily curtained, and there was a general air of suppression. All arrangements for action were made should the boat be torpedoed. The last night at sea all retired partly dressed and with our life belts beside us and waited for what might happen. However, a peaceful and radiant dawn came at length and the sight of the green hills not far away caused us to thank God and take courage.

We arrived at Devonport about 4 a.m., May 15th, disembarked at 1 p.m. and entrained for London. The railway journey through the most beautiful part of England, including Devon (glorious Devon), was thoroughly enjoyed, and the panorama of the smiling landscape with the meadows and gardens in their riot of colour, thatched cottages, ivy-mantled towers and castles, beautiful trees, rivers and hedges, crowded out the unpleasant memories of the old ocean's grey and melancholy waste.

The Sister and I were met by the Matron-in-Chief, Overseas Canadian Nursing Service, and we were conveyed in charabancs to hotels to await orders. Orders were received on the 18th for 56 sisters to proceed to France. 15 were detailed for duty with the Canadian Red Cross Hospital, Taplow. I remained in England until June 13th, and on that date proceeded to No. 2 Canadian General Hospital, Le Treport, France, to await orders to rejoin No. 3 Canadian General Hospital. My



orders came July 17th to rejoin hospital at Dannes, Camiers. The sisters were recalled, and in a few days we were together again and the work of making a hospital was begun. The weather was ideal and our tents were pitched in a pleasant valley, at the foot of high hills upon which the grain fields, with poppies and cornflowers intermingled, flourished and the ever varying shadows passed. From the summit of these hills the view was delightful; the peaceful village, the long stretch of sand dunes, the plaza, the restless ocean. After our little grey homes, i.e. bell tents, were made habitable, the work of equipping the hospital wards was begun. Sisters were detailed to each line of tents and the sisters in charge drew the linen and equipment, and the wards were soon ready for reception of the sick and wounded. The sisters and orderlies converted empty Red Cross boxes into linen cupboards, medicine closets, bread boxes and what not. Each bed was equipped with hospital kit, towels, wash cloths and soap, and a Red Cross bag containing useful articles was hung from the head of the bed. Our first convoy arrived August 8th—36 cases. The excitement was intense, and we felt that we had begun the great work for which we had left our homes and country. During our stay at Camiers we received 3000 sick and wounded, the busiest time being the Battle of Loos.

About the 1st of October the bad weather began—fog, rain, gales and penetrating cold. The tents leaked and mud was terrible. The entry in my diary for October 25th was: "Very windy, with driving rain. Pools of water all over the camp. Nearly blew out of bed last night. Hospital tents all leaking, several condemned. Sisters mess tent almost up in the air. Outlook not cheerful."

November 7th, we received orders to close up, and the patients were evacuated to England. Some of the tents had blown down and the mud was almost impassable. The closing up and turning in of equipment occupied some time. The unit was again broken up and the sisters detailed for duty in England and France. Wooden huts had been commenced for sisters' quarters and were ready for occupation December 8th, and we left our little bell tents without regret. During these months of rain and mud the health of the sisters was excellent, their cheerfulness under such dampening circumstances was wonderful, and they showed early in the game the stuff they were made of. The only heating apparatus each had was a small blue flame oil stove, and that winter of 1915-16 was cold and blustery.

January 3rd, we again rejoined our unit in Boulogne. The site of our hospital was the grounds of an old Jesuit College, previously the site of the Indian Meerut Hospital. The sisters were recalled and again began the preparations for the sick and wounded. This time, the accommodation was in galvanized iron, wooded and asbestos huts, tents, and part of the old college, which provided room for 2000. The outlook was dreary enough when we took over, but some alterations and a great deal of soap and water finally made the place habitable, and on February

14th we received the first convoy in Boulogne. Small convoys each night during the winter and spring months kept us comfortably busy. With the spring and summer the aspect of the hospital grounds changed. The beautiful trees, with ivy-mantled trunks, the spring flowers which carpeted the grove, the stone covered with ivy, made the hospital a thing of beauty to the men who, a few hours before, were in the filth of the trenches. On the 24th May, the Red Cross recreation hut for convalescent patients, "erected, equipped and maintained" by the Canadian Red Cross, was formerly opened, the Princess Victoria concert party giving an excellent concert. This hut had facilities for reading, writing, two billiard tables, gramophone and piano. It was beautifully situated in the grove in the hospital grounds, and from its wide verandah the view was delightful. The convalescent patients enjoyed the hours spent in this hut and the many concerts by the concert parties from England and army divisions.

July 3rd, 1916, brought a change in the quietness of the hospital. The battle of the Somme had begun, 8374 patients being admitted during the month. July 10th, 836 were admitted and 420 evacuated. Large convoys daily in August. The battle of Vimy Ridge also brought many casualties. April 18th, 1917, over 200 were in hospital, and large convoys were received daily during the month. These figures will show the work there was to do during the many large battles.

The following figures may be interesting: Number of patients admitted to hospital, 1915, 3,039 (August to November); 1916, 35,640 (January to December); 1917, 48,465 (January to December); 1918, 42,191 (January to December); 1919, 4,233 (January to March); detained for the night, 9,684. Total, 143,252. Total number operations performed, 11,395. Number returned prisoners of war (Nov., 1918), 1,533.

The personnel was increased after the first year, the number of nursing sisters allowed for a 2000-bed hospital being 112. The number actually on duty varied with sickness or leave, and when the great battles were raging, several would be sent to reinforce the nursing staff of the Casualty Clearing Stations near the firing line, returning when their services were not required.

The cheerfulness of the patients was remarkable, which helped those who were attending them to carry on and endure the sights and suffering caused by enemy guns. A large wound would be called "a scratch," and the usual remarks were, "Have I a blighty?"; "It's good to 'get between sheets'"; "Give me a fag"; etc. During the battle of Vimy Ridge we received many Canadians, and they were one and all jubilant over their wonderful achievement. It was a great privilege to get our own soldiers, but the Imperial, Australian, New Zealand and South Africans were all alike, brave and uncomplaining, and all felt it an honour to minister to them.

During 1918 the visits of the Hun by aeroplane were very frequent.



My diary records about 40. The anti-aircraft guns, with deafening boom, kept him at a distance, but did not prevent him from dropping bombs dangerously near our hospital, and often casualties from the raids were brought into our hospital. During these visits all were supposed to "take cover," as the shrapnel and unexploded bombs were dangerous. Several times "duds" fell in our grounds, and, on one occasion, part of the shell casing crashed through the roof of the ablution hut and buried itself in the concrete floor. During an air raid in March, 1918 a bomb was dropped in our hospital grounds, tearing an immense hole. Windows were broken in the hospital huts and in the sisters' quarters; there were no casualties, as the trees and stone wall afforded protection to the huts. In August, 1918, bomb-proof dugouts in the sisters' quarters were completed. These were excavated through rock and clay, and three entrances were protected by sand bags. Forty steps connected these entrances with the chamber, which accommodated about 200. Sisters off duty were supposed to remain in the dugouts until the "all clear" was sounded.

The work of the Red Cross cannot be too highly praised. Its help to the hospital was incalculable. There was no need it could not supply, and the feeling that we had only to ask to receive was cheering in these days when our hospital was full of the recently wounded. The Matron had charge of the Red Cross supplies and was responsible to the officer commanding the hospital. Indents as required were forwarded to the Canadian Red Cross stores at Boulogne, and the cases received were placed in the Red Cross stores on our own grounds. Indents were submitted to the Matron daily by the sister in charge of each ward, who distributed the articles received when needed.

Among the thousand and one useful articles were socks, pyjamas, sweaters, pneumonia jackets, dressing gowns, utensil bags, bandages, dressings, etc., etc., etc., and, of course, the most appreciated by the patient were the cigarettes, chocolates and gum. A "fag," when a large and painful wound was being dressed, seemed to help him keep his nerve.

The cases of apples, oranges, jam preserves, canned peaches, jellies, etc., deserves honourable mention. Each apple was wrapped with tissue paper and packed with greatest care, so that they arrived in perfect condition, and the jams, jellies and preserves showed the same loving care. I am sure the women who prepared these delicacies felt that possibly a husband, son, brother or sweetheart might receive a portion of his favorite preserves. The devotion of our noble women at home will never be forgotten, and each one deserves the "Well done, good and faithful servant."

Just a word about the nursing sisters with whom I had the honour and pleasure of being connected. About 400 had duty for long or short periods with No. 3 Canadian General Hospital. The sisters' one thought when on duty was the comfort of their patients, and many francs of their own money were spent for delicacies for the seriously ill and treats for

the convalescents. These attentions helped them to forget for the moment their horrible experiences. There were many inconveniences to put up with, and often the hours were long and work heavy. Night duty on active service, which came about every three months, was most difficult and nerve racknig, especally during the long, dark, stormy night. The convoys of sick and wounded usually arrived during the night, also the evacuation to England took place. During the long battles the night nurses often had 100 or more heavy surgical cases under their care, and these had to be watched vigilantly for haemorrhage and gangrene. Often these duties were performed with the enemy plane overhead, amid the deafening noise of our own anti-aircraft guns. The only light allowed was a shaded lantern until the "all clear" was sounded. The courage of the sisters on these occasions was remarkable and won the admiration and respect of the patients. In the Great War the nurse was truly "a ministering angel", an inestimable source of comfort to the "broken soldier" in his hours of suffering, "even unto death." Our days over there were not all work and no play. Durng the quiet times the sisters had extra time off and availed themselves of the opportunity of visiting the neighbouring towns and lovely valleys near the hospital. They also derived a great deal of pleasure from the tennis court and the occasional dances in the Red Cross recreation hut. Our own officers and many from the line who were at Rest Camp attended, and all were better for these diversions. And there was the two weeks' leave about once a year to England, Scotland, Ireland, and later to Paris and the south of France, which refreshed and invigorated. The health of the sisters was excellent, considering the strain and the periods of pneumonia and influenza epidemics when the wards were full of infection. We left two of our sisters sleeping in the land of poppies. One of our original staff is "asleep in the deep" with those brave souls who stepped into immortality when the Llandovery Castle was torpedoed. The ineffable sadness of the haunting notes of the "Last Post" at the graves of our well beloved will never be forgotten, and in these days of "Peace on earth" our thoughts are often of those who

"Short days ago, lived, felt dawn,

"Saw sunsets glow, loved and were loved."

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At the Nurses' Home, Montreal General Hospital, on the afternoon of May 26th, a Memorial Tablet in honour of Nursing Sister Mildred Hope Forbes, R.R.C., was unveiled by Miss M. C. Macdonald. The service was conducted by Lieut. Colonel, the Rev. Canon Almond, C.M.G.

In further memory of Miss Forbes, a scholarship at McGill University for post-graduate nurses of the Montreal General Hospital was given by her life-long friend, Mrs. Norman Wilson, of Ottawa. Thus will the name of Sister Mildred Forbes, of revered memory, be honoured in perpetuity at McGill University and the M. G. H.



Matron G. Pope, R. R. C., who has spent the winter in Italy, is expected at Charlottetown, P. E. I., shortly.

Principal Matron E. B. Ridley, C. B. E., R. R. C., has for the time being forsaken her Welsh pony farm to spend the summer in Canada. On arrival at Quebec, Miss Ridley was met by Col. and Mrs. J. T. Clarke, Matron-in-Chief Macdonald and Matron V. Tremaine, R. R. C.

Nursing Sister (Mrs.) E. A. Jones has been visiting friends at Quebec.

Nursing Sister H. Meiklejohn spent a recent holiday with her sister, Mrs. Warren Lyman, at Ottawa.

Miss L. Flora Fraser has returned to Halifax after a six months' visit to Bermuda. She notes that Nursing Sister Alice N. Johnston, graduate of the Toronto General Hospital, whose home is in Dartmouth, N. S., is on charge of the Government Hospital, Pembroke, Bermuda.—the King Edward VII. Memorial Hospital. She was a sister of the Dalhousie Unit for sometime Overseas. Her staff consists of English graduates and Bermudian undergraduates. Unfortunately the standing of these students after graduation is not recognized outside of Bermuda, which condition Nursing Sister Johnston is trying to improve.

Matron K. McLatchey, of the Station Hospital and Sister J. M. Hubley of the Public Health Department of Halifax, have been visitors to Bermuda.

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## Hospitals and Nurses



### PRINCE EDWARD ISLAND

#### CHARLOTTETOWN.

The annual meeting of the Graduate Nurses of Charlottetown and Summerside was held May 9th, 1922, at the Victoria Hotel. The formal meeting was preceded by a banquet, after which the following officers were elected: Hon. President, Miss A. M. Ross, Superintendent of Prince County Hospital, Summerside, P. E. I.; President, Miss Bessie Beer; Vice-President, Miss Mamie Proffitt; Secretary, Miss Ora B. Proffitt, P. E. I. Hospital, Charlottetown; Registrar, Miss A. M. Ross. A vote of thanks was passed to Messrs. E. T. Higgins, G. Gavin Duffy, and M. McKinnon for their services in passing the act of incorporation. The speakers at the meeting were all enthusiastic and showed every indication that the association will be successful in organizing the nurses in Prince Edward Island into a live, progressive organization. The association had as their guests the graduating class of the P. E. I. Hospital for 1922. It was decided to hold the annual meeting for 1923 at Summerside, when they could entertain the class of the Prince County Hospital.



### NOVA SCOTIA

The bridge party given earlier in the spring by the Nova Scotia graduate Nurses' Association in aid of the provincial war memorial fund added three hundred dollars (\$300.00) to it, and the nurses propose to endow a cot in the Children's Hospital, Halifax. It was held at the Waegwoltic Club and was most successful in every way. Much credit is due the committee of arrangements.

## NEW BRUNSWICK

A rummage sale was held in the Y. W. C. A. recreation centre by the St. John nurses, the proceeds to go towards the National Memorial.

To Mr. and Mrs. R. G. Schofield (Miss Georgia Collins, St. John G.P.H., 1909), a daughter, on April 28th, 1922.

Miss Elva Stairs has resigned from the nursing staff of the Victoria Public Hospital at Fredericton, and will leave for the West early in June. She will represent the N. B. A. G. N. at the annual meeting of the C. N. A. of trained nurses.

Miss Victoria I. Winslow, graduate of the Winnipeg General Hospital, 1919, has been appointed Superintendent of the Victoria Public Hospital, Fredericton, N. B. She will take over her duties on June 30th.

Miss Frances Stanley and Miss Grace Finley have resigned from the nursing staff of the G. P. H., St. John, and Miss Maida Hoyt, graduate of the Chipman Memorial Hospital, St. Stephen, and Miss Jessie Patterson, graduate of the G. P. H., 1916, have been appointed to fill these vacancies.

Miss Belle Howe, R. N. (G.P.H., 1911), is doing hospital extension work in the St. John General Public Hospital.

Miss Mary Murdoch, R. N., and Miss Lillian Shand, R. N., have completed a course in public health nursing at Toronto, and at present are visiting their homes in St. John.

At the residence of Mrs. C. B. Richards, Fredericton, the local branch of the Graduate Nurses' Association were hostesses at afternoon tea in honor of Miss Elva Stairs, acting superintendent of the Victoria Hospital, (Fredericton), when Miss Stairs was presented with an onyx and pearl brooch and little finger ring to match. Miss Stairs, who is severing her connection with the institution, is leaving early in June on a trip to the Pacific Coast.

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## QUEBEC

## MONTREAL

The regular meeting of the Association of Registered Nurses for the Province of Quebec was held in the Western Hospital, Montreal, on Saturday, May 30th, at 3 p.m. After the reading of the minutes and other routine business, Dr. Bourne gave a most interesting address on "Anesthesia." Miss Burch showed a number of trays which are used in the Hospital, and described their contents and uses.

The president, Miss F. M. Shaw, spoke of the Scholarship which this association had given for two years, and asked that applications be sent to the Secretary-Treasurer not later than July.

A hearty vote of thanks was tendered Miss Craig and Miss Burch, and the visitors were invited to inspect the hospital and nurses' home.

## WOMEN'S HOSPITAL TRAINING SCHOOL FOR NURSES.

The graduating exercises of The Women's Hospital Training School for Nurses, Montreal, were held on May 10th, 1922, when four young women, having completed their courses, were awarded the diploma and pin of the school. Dr. Riddy, chief of the medical staff, gave the address, and Miss Trench, Lady Superintendent, pinned the class pin on the following graduates: Mrs. L. Swift, Lancashire, Eng; Miss Sadie Dewar, Vankleekhill, Ont; Miss Lucy Robinson, Glasky, P. Q.; Miss Annie Frost, Norwich, Eng. A large number of guests were present to enjoy a very successful musical programme, after which refreshments were served and dancing and cards indulged in.

Miss MacPherson, graduate of The Women's Hospital, Montreal, is ill with rheumatic fever.

## MONTREAL R. V. H.

Miss Mary Lawson (1922) has accepted a position in the nose and throat department of the Boston Dispensary.

Miss Vivian Freeze (1920) has been awarded the R.V.N. scholarship for the School for Graduate Nurses, McGill University, this year and will take the course for administrators.

Miss Velma MacMillan (1917) is at present doing school nursing in Alberta.



## MONTREAL GENERAL HOSPITAL

At the May monthly meeting of the M. G. H. A. A., Cannon Shatford of this city gave a most interesting address on "Dickens." This closes the meeting for the summer, to be held again in September.

Miss C. Barrett, Lady Superintendent of Montreal Maternity Hospital, is spending a six-week's holiday at Chambly Basin, P. Q.

Miss S. Milton is engaged in private nursing at her home in Kingston.

Miss Hazel Blenkinsop sails shortly on an extended trip to England.

Miss Farol Armstrong (class '20) is engaged in private nursing in Philadelphia, Penn.

Miss Augusta Lambert (class '19) has gone to Ottawa to take a three months' course in the Victorian Order of Nurses.

Mrs. P. C. Kirkpatrick (Edith Tanner, class '16) and family changed their place of abode from Niagara Falls, Ont., to Great Falls, Mon.

The engagement is announced of Miss Winnifred Gordon (class '14), of Ottawa, to Mr. Harry Plant of the same place.

Misses Martha Armstrong and Frances Reid graduated from the School of Graduate Nurses at McGill University, the latter passing with honors.

Miss Marion Elliott has returned, after a two months' trip to the West Indies with a patient.

Miss Margaret Codere (class '22) is doing industrial nursing with the Canada Cotton Mills, Valleyfield, P. Q.

Miss Adelaide Whitney (class '17), sailed May 8th on SS. Scandinavian on a two months' visit to relatives in England and Ireland.

Miss M. E. Young represents the M. G. H. A. Association and the Province of Quebec, concerning the Nurses' War Memorial, at the national convention of the C.A.N.E. and C.N.A.T.N. held in Edmonton, Alberta, June 19th to 24th.

Mrs. Yensen, who has lately taken a course at the school for Graduate nurses at McGill University, is now on social service staff in M. G. H., Outdoor.

Helena, daughter of Lady Orr-Lewis (nee Miss Maude Booth, class '94), of Montreal, was married recently in London, England, to Sir Albert Stern.

In last month's items the name of Miss Lillian Tracy was used instead of that of Miss Helen Tracy.

Miss Murial Hill (class '22) has gone on an extended tour of Europe with friends.

Miss Pauline McCarthy (class '17), who has been in charge of the operating room, Deaconess Hospital, Buffalo, N. Y., has accepted a position in the Highland Hospital of Rochester, N. Y., in the same capacity. Miss M. M. Pharaoh (class '17) will shortly take up her work there as night superintendent.

Miss J. Murphy, who is in charge of the Outdoor Department of the M. G. H., recently visited these departments in different hospitals in Boston and New York. The M. G. H. Outdoor received 130,000 patients last year, with the expectation of 150,000 this year.

The M. G. H. Memorial Fund is still swelling: Graduates' individual subscriptions, \$1,263.00; small bridge by some of nursing staff, \$65.00; nine nurses of graduating class dance at Ritz-Carlton, \$234.00; four nurses of graduating class concert at M. G. H., \$215.00; M. G. H. nurses, up to date (June 10th), \$1,777.00

Mr. Evans, who has been in the employ of the M. G. H. for 22 years as Secretary, has accepted the position as Superintendent of Western Hospital of this city. He was always a great favorite and friend of the nurses, and with his departure the graduates have shown their appreciation of his former kindness to them by presenting him with two beautiful silver trays, of graduated size, appropriately engraved.

The graduating exercises of the 1922 class took place in the dining-room of the hospital in the afternoon of June 6th, when Misses Libbie Aird, Edna Barnes, Eva Bertrand, Shirley Bowen, Helen Bradley, Dorothy Bullis, Marie

Buss, Jean Chisholm, Margaret Codere, Gertrude Cooke, Gertrude Dovey, Jessie Dunlop, Edith Dutton, Claudia Gardiner, Marie Gibbons, Muriel Hill, Clara Jackson, Eleanor Journeay, Ina Kelly, Dema Lathe, R. Irene Leslie, Minnie Lineham, Vivian Lockhart, Margaret MacDonald, Christina MacKay, Grace MacKay, Francisca McNeil, Irene Markham, Clara McCrea, Margaret Middleton, Hazel Miller, Agnes Murphy, Beatrice Preston, Evelyn Powers, Stella Ross, Lillian Ross, Annie Seamen, Madaline Scott, Jean NanVliet, received their diplomas, medals and prizes. Addresses were made by the President, Col. Herbert Molson, C. M. G., and Dr. A. T. Bazin, after which refreshments were served to a large number of friends and relatives of the graduates. The same evening the Alumnae Association honored the class by a dinner at the Ritz-Carlton.

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## ONTARIO.

### BILL

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. This Act may be cited as The Registration of Nurses Act, 1922.
2. Subject to such rules and regulations as may be prescribed by the Lieutenant-Governor in Council for the purposes of this Act:
  - (a) A training school for nurses may be established, maintained and conducted in any hospital, sanatorium or sanitarium.
  - (b) A graduate nurse of such training school may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person, while so registered, may be designated "Registered Nurse." R.S.O. 1914, c 300, s. 18.
3. Unless so registered, no person shall use the title "Registered Nurse," either alone or in combination with any word or words or any name, title or description implying that he or she was registered under this Act, and any person contravening the provisions of this section shall incur a penalty not exceeding \$100.00, which shall be recoverable under The Ontario Convictions Act.
4. The Lieutenant-Governor in Council may, from time to time, make rules and regulations for the carrying out of the provisions of this Act; and may, if he deems advisable, appoint a Board and any officers to advise and assist in the administration of this Act, and may prescribe their duties and powers, and the period for which they shall continue in office.
5. Section 18 of The Hospitals and Charitable Institution Act is hereby repealed.
6. This Act shall come into force and take effect on a day to be named by the Lieutenant-Governor by his proclamation.

### THE RE-UNION OF THE GRADUATES OF THE SCHOOL FOR NURSES, TORONTO GENERAL HOSPITAL.

Recently 500 graduates of the Toronto General Hospital attended a re-union banquet at the King Edward Hotel and entertained the graduating class of 1922. It was an event unique in the nursing profession; the graduates came from all parts of the Dominion, and letters and telegrams were received



from graduates in our own and other countries who were unable to attend. The class of each year dined together at tables attractively decorated with purple iris and yellow tulips—the school colors. Miss Hickey, President of Alumnae Association, and with her at the head table were the guests of honor, Miss Snively, First Superintendent of Nurses, Toronto General Hospital; Miss Gunn, present Superintendent of Nurses; Miss Locke, Assistant Superintendent; Miss Dickson, President of the Canadian National Association of Trained Nurses; Mrs. McPherson, Mrs. Driver, Miss Caroline Ross, Miss Batty, Mrs. G. T. McPherson, and Miss Gibson, who was one of Miss Snively's earliest graduates.

The graduating class of 1922 received a great ovation as they filed in, a lovely picture of radiant and enthusiastic youth. Then for a few moments a silent hush pervaded the crystal ball-room while Miss Snively, Canada's well beloved pioneer nurse, once again, as in the olden days, invoked the blessing of the Most High upon the nurses.

During the dinner the group of each year appeared to be entirely engrossed in reminiscence of student days and subsequent events; with joys unspeakable friend greeted friend, in some instances after a lapse of many years, with glad and instant recognition; but occasionally a touch of pathos was added to the scene, when one could only with difficulty become reconciled to the change wrought by the stern hand of Time and the more relentless hand of the stern law of the nursing profession.

The enjoyment of the evening was greatly enhanced by the clever and witty toast mistress, Miss Caroline Ross; her speeches sparkled with wit and humour and valuable advice, addressed especially to the graduating class, but the indomitable courage and high spirits of one who has been in active service for a number of years was a source of encouragement and inspiration to all present. Miss Snively (very worthily named "The Florence Nightingale of Canada") responded to the toast "Our Alma Mater," leading the nurses for a time to past days and emphasizing the bond which must forever exist between graduates of the training school; reminding us that "friendships cemented by such varying experiences must defy the lapse of time." Her address to the graduating class was very beautiful, an appeal for the very best and highest interests of the profession, "Let not mercy and truth forsake thee—bind them about thy neck, write them upon the table of thine heart." Miss Snively assured the class that "the prestige of their Alma Mater had been achieved by the loyalty, sacrifice and courage of the women who, from generation to generation, served and loved her so faithfully," and closed with the eloquent appeal, "To you from failing hands we throw the torch, be yours to lift it high."

The nurses greatly regretted the absence of Miss Robina Stewart, who succeeded Miss Snively and was for about two years Superintendent of the Training School. Miss Stewart was indefatigable in her efforts on behalf of the school and won the hearts of the nurses by the zeal and genius with which she labored, particularly during the very trying ordeal of moving from the old hospital to the new. Miss Stewart will ever occupy an honored place in the memory of the graduates of the Toronto General Hospital.

As Miss Gunn rose, responding to the toast to the training school, the room resounded with very hearty and enthusiastic applause, a very decided testimony of the love and appreciation of the nurses for their present superintendent, who for the past ten years has so completely devoted herself to the advancement of the school. Miss Gunn gave a very interesting history of the origin of the hospital. At the close of the war of 1812, medals intended for war veterans were placed for distribution in the care of a society then in existence, known as the Loyal and Patriotic Society. A great deal of prolonged discussion and argument arose between officers and privates concerning the medals, and finally Alexander Ward, a prominent member of the society, becoming weary of the fruitless controversy, employed a blacksmith to hammer the medals to a mass, which was then sold and the proceeds devoted to the commencement of a small hospital, later known as Toronto General Hospital. One of the medals, which has been kept in possession of the hospital, was exhibited after dinner. It is very heavy, about the size of a silver dollar, and depicts an eagle hovering in a threatening attitude above a beaver, while at a little distance a couchant lion quietly guards. Miss Gunn gave a very interesting resume of the progress of the hospital since that time, showing by statistics the superb effort that has been made to meet the ever increasing demand of the times. The address to the graduation class was a delightful

combination of professional interest and personal affection, and the lines with which Miss Gunn concluded her remarks, and which for many years have been kept in the office of the training school, are indicative of the spirit of our Alma Mater.

"Tis weary watching wave by wave,  
And yet the tide heaves onward;  
We climb like corals grave by grave,  
But beat a pathway upward;  
We're driven back in many a fray,  
But never strength we borrow,  
And where our vanguard rests to-day  
Our rear shall rest to-morrow."

A very beautiful reply was made to the toast to the absent graduates by Miss Batty, President of the Graduate Nurses Association of China. Some of our members were detained by illness; some in distant parts of our own and other lands, and many have made the supreme sacrifice. Miss Batty expressed the confidence of all in our absent members, in the firm belief that in whatever land or circumstances they were placed, they would be found faithfully guarding duty's sacred fires. But for many present the wonderful pleasures of the evening could not wholly compensate for the loneliness of the vacant chairs.

Miss Murphy, of the graduating class of 1922, responded in a few well-chosen words to the toast to the graduates. She expressed the class of 1922 proud of the high standards handed down by their predecessors, and added that it would be their earnest desire to protect the honour of their heritage.

Votes of thanks were presented to Miss Hickey, Mrs. Aubin, Miss Pearson and Miss Caroline Ross, to whose efforts a great measure of the success of the function was due. The programme was concluded by an informal reception.

(Signed), ADDIE McQUHAE.

#### TORONTO.

On Monday, May 29th, an opportunity to renew old acquaintances was afforded the graduates of St. Michael's Hospital Training School, when the Alumnae Association entertained at a reunion dinner in the Carlsrite Hotel. Every class from the first, of 1892, was represented. Miss J. B. O'Connor was an admirable toastmistress, and after dinner proposed the first toast to "The King." Other toasts were "Canada," "Our Guests," "The Graduating Class," "Sister Associations," and "The School." Miss Dolan sang during the evening and M. Jules Brazil gave some entertaining songs and stories, contributing largely to the success of the dinner. The guests were Miss Mary Power, Miss Mary O'Brich, Miss M. Ewing, Mrs. J. C. Wardle, and Miss M. L. Hart. Miss Cahill, the President of the Alumnae Association, Miss O'Connor and her committee, are to be congratulated for the enjoyable time provided.

Mrs. J. A. Johnston (A. Mary Roberts, T. G. H.), of Smith's Falls, who was in town for the dinner given by the graduate nurses of the Toronto General Hospital, was the guest of her mother, Mrs. Wm. Roberts, 50 Columbine Ave.

Miss Clara J. Burnett (T. G. H.) entertained Mrs. Buchanan, of Galt, (Josephine Lundy, T. G. H.), Mrs. J. A. Johnston, Smith's Falls, and several city nurses at the tea hour on Thursday, May 25th.

Miss Marion E. Hall (T. G. H.) had a small dinner for Mrs. J. A. Johnston, of Smith's Falls, as also did Miss Carolyn Ross, who took her guests to the theatre.

#### NURSES' MEMORIAL FUND BENEFITED BY SALE.

Members of the Riverdale Isolation Hospital Alumnae held a very successful sale of home-made cooking, candies, lingerie, caps and numerous other attractive articles at the Graduate Nurses' Club yesterday afternoon. Tables were arranged in the board room, which was decorated with quantities of lilacs and snowballs. Mrs. Paton had charge of the home-made cooking and Miss Ray shields the needlework. Mrs. Hodgson, Miss Whitlan and Mrs. Dawson looked after the needs of the guests at the tea hour, when refreshments were served at small tables on the lawn. In the evening a delightful musical programme was given. The proceeds will go to the Nurses' War Memorial Fund.



## TORONTO GENERAL HOSPITAL.

The class of 1911 gave a hearty welcome to Mrs. George Gray, Sault Ste. Marie, who was their valedictorian at the alumnae luncheon of their year.

Mrs. A. E. Bolton, a former head nurse and night supervisor in 1894-1895, came from Hudson, N. Y., to meet her many friends and class mates at the T. G. H. re-union.

Miss Frances Sharpe, lady superintendent of the General Hospital, Woodstock, was in Toronto for the re-union.

Miss Marie Snell (class 1899) came over from Hamilton for the dinner.

Mrs. Tine (A. White, '92), in company with Mrs. Charles Bird, '94, motored from Gananoque for the re-union and remained over for the graduation exercises at T. G. H. on May 25th, 1922.

The T. G. H. alumnae felt a great honor in having with them, as the representative of their Alma Mater absent graduates, Miss Leila Batty (class of 1891), who, since she left the training school, has been one of the pioneer workers in China, and returns to us now as President of the Graduate Nurses' Association of China.

Mrs. John McAllister (Edyth Black, 1900) was the guest of Miss Carolyn Ross (1900) during re-union week.

Miss E. McP. Dickson (1905), President C. N. A. T. N., was a guest of honor at the head table of the T. G. H. re-union.

To the class of 1918 belongs the honor of having the greatest number of their members present, forty of the class sitting down to a small re-union all their own. The classes of 1916, 1917 and 1919 followed closely with 36 members in each year being assembled.

Mrs. Leeming Carr and Mrs. John Munro (1889) came from Hamilton to be greeted by many of their classmates of those by-gone years.

Mrs. A. Brown, nee Margaret Cruikshank, (1893), was a very welcome guest amongst her class mates.

Mrs. A. E. Dolson was successful in getting together a goodly number of the class of 1908.

Every class since the first class graduated under Miss Snively in 1886 was represented at the re-union dinner of the T. G. H.

Miss Mabel Thompson, of Sarnia General Hospital, was the guest of Mrs. Hillary Aubin for re-union and graduation on the 25th of May.

At the annual meeting of the T. G. H. Alumnae, after all business, etc., had been concluded, and before adjourning for refreshments, a pleasing little affair took place when Miss Janet Neilson (1897), in a neat little speech given in her own inimitable way, presented Miss Carolyn Ross (1900), toast mistress at the re-union dinner, with a dainty gold bar pin, set with aqua marine and pearls, as a slight token of appreciation from the committee and the alumnae.

## OTTAWA

The graduation exercises of the Lady Stanley Institute, Training School of the County of Carlton General Protestant Hospital, Ottawa, was held May 25th, 1922. Rev. W. T. Brown pronounced the invocation and Dr. J. F. Argue addressed the nurses. The general proficiency prize, given by Mr. Hossack, and won by Miss E. Young; Practical Nursing, given by Dr. D. M. Robertson, won by Miss L. Luteman; Lady Stanley Institute A. A. prize, won by Miss Ruth Stevenson. Boquets were presented to Miss Catton, Mrs. Finnie and Mrs. Perkins. Miss Young, honor graduate, read the valedictory. After the exercises, tea was served to the guests, and later a surprise dinner for the graduates.

## GUELPH.

The Bible class of the Guelph General Hospital held a very successful bazaar at the Nurses' Residence April 20th, at which one hundred and fifty-six dollars and fifty-one cents (\$156.51) was realized.

The student nurses subscribed fifty dollars (\$50) to the National Memorial Fund.

Miss A. L. Schaefer, class 1921, now on the staff of the Guelph General Hospital, goes to Chicago in June to take post-graduate work in surgery York, where she will take the summer course in "Teaching of Nursing Principles and Methods."

Miss L. McKenzie, class 1921, also of the staff of the Guelph General Hospital, left for Chicago in June to take post graduate work in surgery at the Presbyterian Hospital

Miss E. Broughton, class 1922, will join the staff of the Guelph General Hospital for the summer.

At the April meeting, the Board of Directors of the Guelph General Hospital very generously decided to give, annually, a scholarship of \$400.00 to a student who has shown general efficiency and a desire for advanced study in executive work, teaching or public health.

The annual graduation of the above school, class 1922, took place at the Nurses' Residence on Wednesday, May 31st. The following nurses will receive diplomas: Misses E. Broughton, H. Broughton, L. Sprowl, L. Hough, A. Henderson, I. Lane, P. McDonald, H. Beam, V. Eidt, and E. Sparling.

### LONDON

It was decided at the May meeting of the Victoria Hospital A. A. that the cot in the Children's Memorial Hospital, endowed by the association, will be known as the Margaret Stanley cot, and have this engraved on a bronze plate. Miss Stanley was for many years honorary president of the Alumnae Association. Work has begun to raise the sum required for the Memorial Fund of the C. N. A. T. N., and Mrs. Walter Cummins, 95 High Street, London, has expressed her willingness to receive contributions for this purpose. The whole membership of the Alumnae enrolled themselves on the Red Cross Emergency corps, to be handled by the Ontario Association through the local secretary, Miss Beatrice Smith.

The annual picnic which always closed the year's activities will be held June 3rd, probably at Springbank Park.

The Alumnae entertained the Graduating Class, 1922, of Victoria Hospital at a theatre party on May 15th, followed by a banquet. About 100 nurses were present and thoroughly enjoyed the delightful social time.

Thirty-four members of the 1922 class of the Victoria Hospital received their medals and diplomas at the hands of Col. Gartshore, Chairman of the Board, on May 18th, 1922. Splendid addresses were given by Dr. A. J. Grant and Col. Gartshore, following the invocation by Rev. Quentin Warner, and a delightful musical programme. A reception and dance, given in the evening at the Medical School Auditorium, concluded the graduating exercises for 1922.

The Committee of the War Memorial Hospital for Children is engaged in raising sufficient money for a hospital of 100 beds, with an out-patient department with special arrangements for child clinics and instruction of mothers. The Board of Trustees of Victoria Hospital will be responsible for the administration of the children's hospital.

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### MANITOBA

#### BRANDON

The monthly meeting of the Brandon Association of Graduate Nurses was held as usual on the first Tuesday in the month, Mrs. Barager, First Vice-President, in the chair. At this meeting the following decisions were made: That money which was collected for hospital purposes should now be given to the new maternity section of the Brandon General Hospital; that Miss S. P. Johnston should represent this association at the annual convention of the C. N. A. T. N. at Edmonton, with full powers to vote that a reception be held in honor of the graduating class of the Brandon General Hospital, and that we accept Mrs. Barager's invitation to hold this at her home on June 17th.



An interesting letter was read from Miss Haddock, West China. She asked if this association was willing that money donated for the training of a nurse be used for a male nurse, as at present there are difficulties in the way of training a native girl. It was decided that Miss Haddock be asked to use her own discretion in this matter.

\* \* \* \*

### SASKATCHEWAN

All arrangements for the fifth annual convention of the Saskatchewan Registered Nurses' Association are well under way, and copies of the programme will be mailed to each of the members at an early date. The convention is to be held in Prince Albert on Thursday and Friday, June 15 and 16. The local committee has made very happy arrangements for the entertainment of the visiting nurses, and the association is especially fortunate in that Miss E. MacP. Dickson, the President of the C. N. A. T. N., has been able to come to Prince Albert in advance of the dates set for the national convention, and will address the nurses.

The plans for the two weeks' summer session for nurses at the University of Saskatchewan are completed, and it is expected that a part of the course as planned in "Teaching Methods in Training School for Nurses" will be covered this summer. For definite information nurses are advised to write to the secretary of the Registered Nurses' Association, 2331 Victoria Avenue, Regina.

### SASKATOON

Hospital day was observed in the Saskatoon City Hospital by a Reception in the nurses' home during the afternoon, while in the evening the graduation exercises were held in Regent Pavilion. Following a short musical programme, addresses were given by the Mayor, by Rev. J. Donnell, and members of the hospital board. The diplomas were presented by Mrs. J. O. Hettle, and the medals pinned on by Miss E. M. Turner, the Lady Superintendent. The following are the names of the graduating class: E. M. Simpson, Battleford; H. I. Ross, Hawarden; Joan Allen, Regina; Thirza Craig, Laporte; R. E. Gruhlke, Luseland; N. G. Noble, Wistow, England; S. G. Scott, Junita; E. M. Sproule, Saskatoon; A. E. Scott, Winnipeg; K. F. Maclean, Saskatoon; J. A. Goodfellow, Kinley; J. C. Grant, New Glasgow, N. S.; M. S. Gowan, Long Beach, California.

At the annual meeting of the Saskatoon Graduate Nurses' Association, held at the City Hospital Nurses' Home, the following officers and councillors were elected for the ensuing year: Hon. President, Mrs. W. Pulley; President, Mrs. Alden Johns (Guelph General Hospital, 1918); Vice-President, Mrs. J. Hunter (St. Paul's Hospital, Saskatoon, 1918); Secretary-Treasurer, Mrs. H. N. Lamont, (Saskatoon City Hospital, 1918); Councillors, Mrs. L. C. Webb, Mrs. I. I. Murray, Mrs. J. Gibson, Misses Freethy and Meddins. The sick visiting committee consists of Miss Rita Galbraith and Miss Gardiner. Representatives to the local Council of Women, Mrs. A. Johns, Mrs. W. Pulley, Mrs. Donald and Miss Lemky. Press representative, Mrs. C. H. Clark. Representative to the "Canadian Nurse," Mrs. A. Johns; Social and Programme Committee, the Misses Cameron and Mrs. A. Causgrove. Regular meeting first Thursday of the month. The Association will be represented at the National Graduate Nurses' Association annual meeting in Edmonton, Alta., by Miss E. M. Turner, Matron of the City Hospital. Miss Helen Cameron was named the delegate to the annual meeting of the Provincial Convention of the Registered Nurses' Association to be held in Prince Albert, June 16th. Refreshments were served after business.

### FORT QU'APPELLE

The Nurses' Home of the Saskatchewan Sanitarium was formally opened by Lieutenant-Governor Newlands on Monday evening, May 15th. Short addresses were made by Mr. A. B. Cook, President of the Saskatchewan Anti-Tuberculosis League and newly appointed Superintendent of the Sanitarium; by Dr. R. G. Ferguson, Medical Superintendent of the Sanitarium, and by Dr. M. M. Seymour, Commissioner of Public Health. Miss Mary Montgomery, R. N., Lady Superintendent, in a few well-chosen words, expressed to the Board of Directors the appreciation of the nursing staff of the beautiful home which had been provided for their comfort. The guests were received by Mrs. R. G. Ferguson and Miss Montgomery. Among those in attendance were: His Honor, the Lieutenant-Governor and Miss Newlands, and Captain Allard, A. D. C., members of the Board of Directors

and their wives, representatives of the Provincial Government, and many friends from Fort Qu'Appelle, Regina, and other parts of the province. Following the formal declaration of the Lieutenant-Governor that the home was "open," dancing and cards were indulged in, and later dainty refreshments were served. The home was open for the inspection of the visitors, and was declared to be perfect in all its details, and one of the very finest nurses' homes in Canada.

#### REGINA.

The graduation exercises of the Regina General Hospital were held in the city hall auditorium on Wednesday, May 10th. The sixteen graduates, arms filled with huge bouquets, followed by the nurses-in-training and the members of the graduate staff, made a very pretty picture as they entered the hall. The chairman of the Board of Directors presided, and after a brief address invited Dr. Stephens, the chairman of the Teaching Council, to address the graduating class. The Nightingale pledge was administered by the Rev. Murdoch MacKinnon, and the Diplomas presented by Lieutenant-Governor Newlands. The medals were pinned on by the Lady Superintendent, Miss Margaret Garrow, assisted by Miss Ross, while the special prizes and medals were presented by Miss Newlands.

The nurses to receive their diplomas were: Luella M. Thompson, Francis; Evelyn V. Kidd, Fairmede; Elizabeth Farquharson, Aberdeen, Scotland; Lillian Seale, Melfort; M. Elvina Trew, Lemsford; Violet A. Weston, Lorie; Eva Blakely, Bagley; Ella J. Ferguson, Gravenhurst, Ontario; Dorothy R. Wilson, Major; Florence M. H. Stewart, Kelliher; Verna P. Ansley, Brownlee; Margaret C. Waddell, Milestone; Muriel M. Purdy, Regina; Margaret C. Campbell, Lajord; Jessie R. McGhie, Oak Lake, Manitoba; Elizabeth D. Lindsay, Moosomin.

Hospital day was observed by both the Regina General and the Grey Nuns' Hospitals. The hospital and home were thrown open to visitors, who attended in large numbers. The collegiate girls had been especially invited, and were conducted through the hospital in groups by the Supervisors.

On the evening of Hospital Day, the graduation exercises of the Grey Nuns' Hospital were held in St. Mary's hall, which was tastefully decorated with the school colors, Garnet and gold. Dr. A. S. Gorrell, the chairman, gave a short address, while the work of the hospital was reviewed by His Grace Archbishop Mathieu and by Dr. M. M. Seymour. The Rev. Father MacMahon, of Campion College, made the address to the graduating class. The diplomas were presented by His Honor, Lieutenant-Governor Newlands, who also administered the Nightingale pledge. Miss Newlands presented the school pins and special prizes.

The following nurses received their diplomas: Elizabeth McQuatt, Sinaluta; Irene Wallace, Weyburn; Angeline Dionne, Estevan; Liane Tourigny, Forget; Montana Whattam, Colgate; Mrs. Florence Simpson, Moose Jaw; Alice Thompson, Saskatoon; Jean Hart, Sedley; Mrs. Agnes Tanney, Fort Qu'Appelle; Marion Weeks, Regina; Luella Henry, White-wood; Ivy Weston, Lemberg.

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#### ALBERTA

##### EDMONTON

The Edmonton Overseas Nursing Sisters' Club held their annual meeting at the home of Mrs. J. Lee on May 11th. The following officers were appointed: President, Miss E. Robinson; Vice-President, Miss Jessie Chinneck; Secretary, Miss Best; Treasurer, Miss Wilkin; Flower Representative, Mrs. R. F. Nicholls; Canadian Nurse Representative, Miss E. M. MacRae.

Nursing Sister Marion Lavell, of P. H. N. staff, is at present in the High Prairie District.

Nursing Sister Martha Markin has returned to the city from Peace River.

Nursing Sister Lonsdale headed the list of nurses taking the P. H. N. course at the University this spring, and has gone to assume her new duties in the Drumheller District.

Nursing Sister Olive Ross spent about ten days in the city before leaving with her mother to spend the summer in Scotland.

Nursing Sister Maggie J. James left on Friday, May 26th, to visit her mother in Glasgow.



## BRITISH COLUMBIA.

Sixty-three nurses wrote on the recent examination for registered nurses' certificate, and fifty-seven were successful in passing all subjects. Miss Ellen Cullinan, of St. Paul's Hospital, Vancouver, ranked highest, making an average of 90%. Miss Margaret MacLean, V.G.H. came second with a total of 87%. Following is a list of those successful: Miss E. Cullinan, St. Paul's Hospital, Vancouver, B.C.; Miss M. MacLean, Vancouver General Hospital; Miss Rose Delpe, St. Paul's Hospital; Miss Sara Fatt, Jubilee Hospital, Victoria, B.C.; Miss Blanche Ouelette, Miss Lillian Ford, and Miss Josephine Ferroux, St. Paul's Hospital; Miss D. Bullock; Vancouver General Hospital; Miss D. Shaw, Vancouver General; Miss E. Pierce, Port Simpson Hospital; Miss M. Glen, V.G.H.; Miss Jean Taylor, Royal Columbian Hospital, New Westminster; Miss E. Hogarth, V.G.H.; Miss Mary Ross, Royal Columbian; Miss Annie James, St. Paul's Hospital; Miss B. Anderson, V.G.H.; Miss Clara V. Roberts, St. Paul's Hospital; Beatrice Cyr, E. Reeves, St. Paul's; Miss Beryl Thompson, St. Joseph's Hospital, Victoria; Miss Mary MacLennan, St. Paul's Hospital; Miss L. Drysdale, R.C.H., New Westminster; Miss L. Wooding, V.G.H.; L. Sigurdson, V.G.H.; Mina Johnston, St. Paul's; Margaret Wilson, Ladysmith; Susan Fisher, V.G.H.; Helen White, R.C.H., New Westminster; Mrs. Frances Orr, St. Paul's Hospital; Dorothy Clippingdale, St. Joseph's; M. Whiteford, Royal Columbian, New Westminster; Mildred Nimmons, E. McKay, R. Dixon, M. Wilson, V.G.H.; Flora Rothnie, Jubilee Hospital, Victoria; Mrs. McCutcheon, Hazelton, Hospital; Sarah Prentice, St. Paul's; E. King, Hazelton Hospital; M. Brethour, Jubilee Hospital, Victoria; E. Campbell, V.G.H.; C. Fowler, Jubilee Hospital, Victoria; W. Webb, Kootenay Lake General Hospital, Nelson, B.C.; E. Harrison, St. Eugene's Hospital, Cranbrook; B. Brouse, G. Hall, V.G.H.; E. Bates, Hazelton Hospital; Stella Francis, Jubilee Hospital, Victoria; C. Cameron, V.G.H.; F. Fordan Kootenay Lake General Hospital, Nelson; M. G. Ehlers, Jubilee Hospital; M. Gairns, Kootenay Lake General Hospital, Nelson; E. Lynn, V.G.H.; K. Wright, Jubilee Hospital, Victoria; Mary Campbell, V.G.H.; M. Taylor, Bella Bella Hospital; G. Morgan, V.G.H.

## VICTORIA

The Jubilee Hospital graduation was held on Friday, June 2nd, in the Alexandra Club ball-room. It was well attended and a very pleasant evening was spent.

The Victoria Graduate Nurses' Association held their monthly meeting on Tuesday, June 6th, when Miss Jessie MacKenzie, R.N., Superintendent of Jubilee Hospital, was appointed representative for the Association at the annual convention C. N. A. T. N. being held at Edmonton.

A deputation from the association was appointed to meet the boat on Sunday, June 25th, for the purpose of giving Victoria's welcome to the American nurses, on their way to Seattle to attend the biennial convention of the American Nurses' Association.

Plans were also discussed for the raising of funds for the Canadian National Memorial to the nursing sisters who lost their lives in the Great War. Much disappointment was expressed that the Empress ball-room could not be obtained for June 9th. A garden fete was suggested and was left in the hands of the committee.

## BIRTHS

**Roach**—At Windsor, Ontario, on March 17th, 1922, to Mr. and Mrs. Wilfred D. Roach (Gertrude Heck, S.M.H., Toronto, 1920), a daughter, Katherin C.

**Richards**—At St. Paul's Hospital, Vancouver, B.C., on May 22nd, 1922, to Mr. and Mrs. A. E. Richards (Nursing Sister Evelyn G. Galloway, H.G.H., 1916), a son.

**Lawler**—At the Royal Alexandra Hospital, Edmonton, on May 1st, 1922, to Mr. and Mrs. T. W. Lawler (Sadie McCrimmon, R. A. H., 1920), a daughter, Flora Frances.

**Reynolds**—At Bowden, Alta., on February 27th, 1922, to Mr. and Mrs. James Reynolds (Nursing Sister Sheridan), a daughter.

**Wilson**—At the Royal Alexandra Hospital, Edmonton, on May 5th, 1922, to Dr. and Mrs. W. A. Wilson (Pearl Tait, R.V.H., 1910) a daughter, Margaret Tait.

**Telford**—Born to Mr. and Mrs. Wallace Telford (nee Elsie Lomer, class '19, of Montreal General Hospital), at the Montreal Maternity, May 8th, a daughter.

**Patterson**—At Montreal, on Sunday, May 20th, 1922, to Mr. and Mrs. Hugh M. Patterson (Dorothy Montizambert, R.V.H., 1916) twins, girl and boy.

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## MARRIAGES

**Eltherington-Hunter**—In Charnichael Church, Regina, on September 28th, 1921, Agnes J. Hunter (Regina General Hospital, 1919), to Mr. Arthur W. Eltherington, of Preston, Ontario.

**Turner-Fumerton**—In Neller, Saskatchewan, on October 20th, 1921, Effie Fumerton (Regina General Hospital, 1919) to Mr. A. Turner.

**Wilkie-Schiebel**—In Regina, on February 27th, 1922, by the Rev. Father Gallagher, Louise Schiebel (Grey Nuns' Hospital, Regina, 1919), to Mr. Carl Wilkie.

**McKell-Peddie**—In Regina on January 3rd, 1922, Mildred Peddie (Regina General Hospital, 1917), to Mr. James McKell.

**MacAvelia-Hilton**—On March 8th, 1922, Margaret Hilton (Regina General Hospital, 1917), to Dr. M. T. MacAvelia, of Simpson, Saskatchewan.

**Henderson-Shanahan**—At Penetanguishene, Ont., on April 18th, 1922, Josephine Shanahan (S. M. H., Toronto), daughter of Mr. and Mrs. D. J. Shanahan, to J. E. Henderson, of Toronto.

**Hunt-Searles**—On May 24th, Miss F. Rose Searles (City Hospital, Saskatoon, 1920), to Mr. W. N. Hunt. Mr. and Mrs. Hunt will reside at Edson, Alberta.

**Rolland-Taylor**—On June 1st, 1922, at the home of the bride's sister, Mrs. A. H. Dalrymple, Westmount, Montreal, Miss Irene Taylor (class '20, M.G.H.), to Mr. Arthur Rolland, both of Westmount, P. Q. After a ten days' honeymoon in the Laurentian Mountains, they return to make their home in Montreal, P.Q.

**Lucas-Hayes**—At St. Paul's Church, Shigawake, Que., on June 7th, 1922, Winifred Mayes (R. V. H., 1916), to Mr. Walter James Lucas, son of Mr. and Mrs. James Lucas, Sarnia, Ont. Mr. and Mrs. Lucas will reside in Montreal.

**Mason-O'Reilly**—At Windsor Mills, Que., on June 1st, 1922, Loretta O'Reilly, daughter of Mr. and Mrs. William O'Reilly, to Edward Halton Mason, M. D., of Montreal, son of Mr. and Mrs. Edward H. Mason, of Providence, R. I. Mrs. Mason will be much missed in the R. V. N., where she had charge of the metabolism ward since her graduation in 1916.

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## DEATHS

**Bate**—On April 13th, 1922, at the Victoria Hospital, Central Butte, Sask., of pneumonia, Fanny Bate, Reg. N. (Regina General, 1919). Miss Bate had been for some months in charge of the hospital at Central Butte, and her death following a very brief illness from influenza, complicated by pneumonia, came as a very great shock to her immediate family, as well as to her many friends. Interment took place at Broadview.

**Porter**—On May 2nd, 1922, at the Macklin Hospital, Sask., of pneumonia, Agnes Martha, wife of W. L. Porter, of Primate, Sask. Before her marriage on August 16th, 1921, Mrs. Porter (Agnes Martha Reaney, Saskatoon City Hospital, 1917), had served on the staff of the Dodslund and Kindersley Hospitals. Sympathy is extended to her husband, as well as to the members of her own family. Interment took place in Stratford, Ontario.



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"I'm tired—too tired to live,  
To sleep, or to laugh or to cry!  
I have given them all I can give,  
And yet I'm too busy to die!

"I'm tired—too tired to move,  
My head and my hands and my soul,  
Too weary to hate or to love,  
To stimulate, soothe or console.

"I'm tired of crutches and canes,  
Of bandages, medicine, dope,  
Of doctors and dressings and pains,  
Of sympathy, even of hope!

"Of letters to open and read,  
From sister or sweetheart or wife;  
The others that question and plead,  
Will haunt me the rest of my life.

"I'm tired of striplings untamed—  
They laugh and you love and they die!—  
Of the scared and the blind and the maimed,  
And of forcing myself not to cry!

"It's the life of a dog or a slave,  
This salving the wreckage of war;  
You talk of the glorious Brave,  
But we—ah, we know what they are!

Do I like it—this game I must play?  
Does a doom-haunted prisoner sing?  
\* \* Don't listen—I'm too tired to-day—  
Be quiet—yes, that was my ring \* \*

"No, doctor, quite rested—What, Dan?  
Not red-headed Dan from Duluth!  
He shan't die—we'll save him!" She ran,  
For such is our Kingdom of Youth!

*Elizabeth Newport Hepburn.*

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Our grand business is not to see what lies dimly at a distance, but to do what lies clearly close at hand.

—T. Carlyle.



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Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

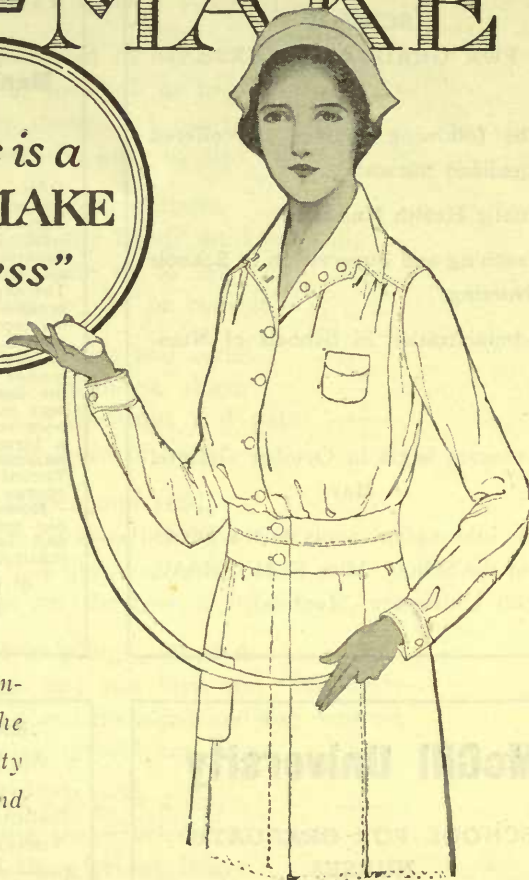
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Graduate nurse for Doctor's office who can do stenography and type-writing, also understands ordinary book-keeping. State age, school and experience since graduation: also wanted, experienced dietitian who can teach dietetics, supervise patients trays, purchase supplies and manage employees. Housekeeper is employed. Apply Superintendent, Wellesley Hospital, Toronto, Canada.

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Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

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### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convener of Programme Committee—Miss Ada Chisholm.

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The fundamental studies are arranged for through affiliations with General Hospitals.

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Diet Kitchen .....	2 months
Contagious .....	2 months
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Parental, Delivery and Postpartum experience.....	2 months
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Four weeks vacation each year.

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The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

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Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

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Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

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**THE CANADIAN NURSES' ASSOCIATION, MONTREAL**

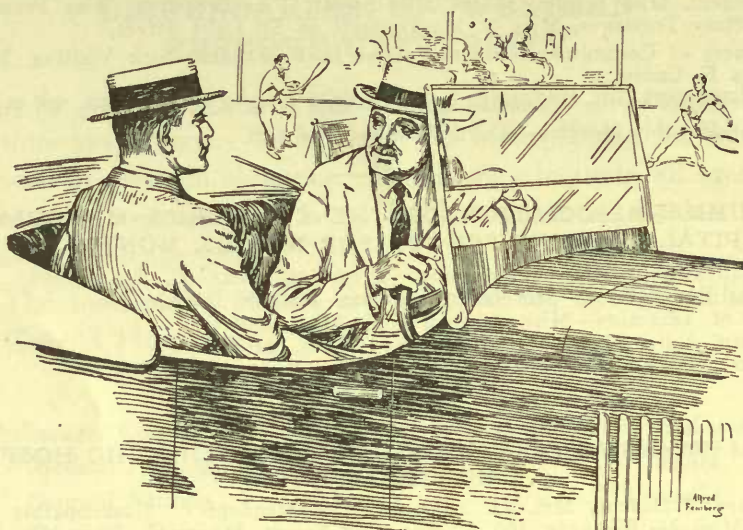
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Regular Meeting, First Tuesday, 8 p.m.

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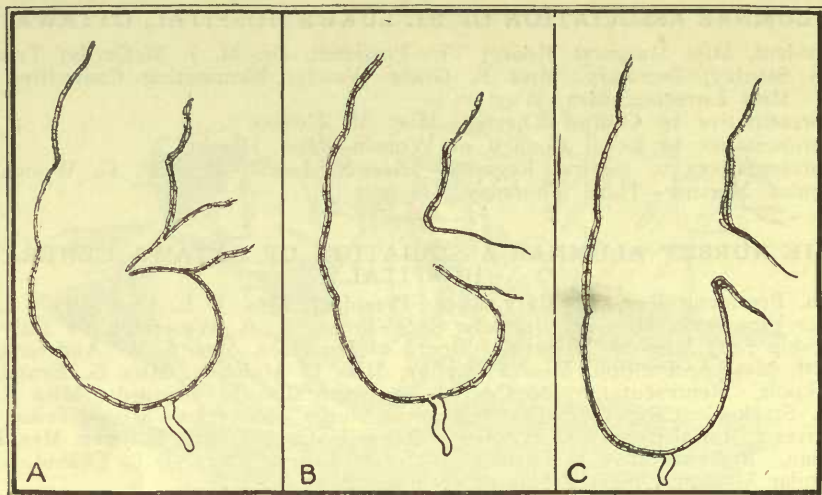
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Regular Meeting—First Tuesday, 4 p.m.

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Canadian Nurse Representative—Miss Ethel Rawlings, 40 Albert St., St. Catharines. Programme Committee—Misses H. Wade, E. Rawlings, M. Marriott, W. Cahill and D. Colvin.

Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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Canadian Nurse Representative—Miss N. Casey, Chatham, Ontario.

Regular Meeting—First Monday, 3 p.m.

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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VANCOUVER, B. C., AUGUST, 1922

No. 8



MISS JEAN BROWNE, R. N.

President, Canadian National Association of Trained Nurses, 1922-1924.

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**Proceedings of the Eleventh Convention  
of the  
Canadian National Association  
of Trained Nurses  
held at Edmonton, Alberta**

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**Monday, June 19th, 1922.**

The Eleventh Convention of the Canadian National Association of Trained Nurses opened in the Convention Hall, MacDonald Hotel, Edmonton, on Monday, June 19th, 1922.

The morning was devoted to meetings of the Executive Committee and of the Officers and Council of the two Sections of the National, and to registration of members and delegates.

The total registration was 40 delegates; 57 members, and 39 visitors. It is probable, however, that a number of nurses registered as "visitors" who are members of one of the affiliated associations. The accredited delegates represented 36 of the affiliated associations.

**AFTERNOON SESSION**

The general meeting opened at 2.15 p.m. by the singing of the National Anthem.

The President, Miss E. MacP. Dickson, was in the chair.

The minutes of the last Annual Convention were taken as read, on motion of Miss Hersey, seconded by Miss Browne.

The President then addressed the meeting,—the address will be given in full in another part of the journal.

The Secretary's brief report was read and approved.

The Treasurer's report and Auditor's statement were, in the absence of the Treasurer, presented by the Secretary and approved.

The Secretary read a telegram conveying "Greetings" from Miss Fairly, President of the Canadian Association of Nurse Education. A letter was also read from Miss Jean Wilson expressing her appreciation of the honour bestowed upon her in the award of the C. N. A. T. N. scholarship, providing for one year in the School for Graduate Nurses, McGill University.

Reports of Standing Committees were then received. Miss McPhedran, Convenor of the Programme Committee, and Mrs. Manson, Convenor of the Arrangements Committee, both presented their reports, all present signifying their appreciation of the work of the committee by hearty applause.



Miss Hersey, Convenor of the Publication Committee, reported that it had not been possible to do anything yet in regard to the publication of the history of the Association.

Miss Edy, Convenor of the Membership Committee, reported the following applications considered, and the associations recommended for acceptance:—

The Florence Nightingale Association of Graduate Nurses, Ottawa.

The Graduate Nurses' Association of Moose Jaw.

The Lady Stanley Institute Alumnae Association of Ottawa.

The report of Miss Breeze, Convenor of the Nominating Committee, was read by the Secretary.

The report and the Financial Statement of the *Canadian Nurse* for the year were presented by Miss Randal, and approved.

Reports of Special Committees were then presented.

Miss Matheson reported that the work of the committee having to do with the Mission to Roumania was now completed, the nurses in connection with this Mission having now returned to Canada. The motion that the committee be now discontinued was approved.

Miss Gunn gave a brief report of the Advisory Committee on Combating Venereal Diseases, recommending that, through the committee, Training Schools might secure information of the best sources of procuring material for the teaching of student nurses.

A most comprehensive report of the work of the National Memorial Committee—covering the reports of the Provincial Committees, and of the National Treasurer, Miss Davidson—was given by Miss Gunn. The report was approved, and Miss Gunn was most heartily thanked by the President, on behalf of the Association, for the work of her committee, and for the excellent report.

In her report Miss Gunn referred to a letter from one of the Quebec members in regard to the form of the memorial. It was moved by Miss Kelly, seconded by Miss Browne, "That the letter be read, but that the reading of the letter and further discussion be deferred until a time to be set by the President." The President appointed 2.30 p. m. on Tuesday for discussion of the report of the Memorial Committee.

Miss Gray, Convenor of the McGill Scholarship Committee, gave a brief report of the work of the committee.

(The various reports of all committees will be printed in full in another part of the journal.)

The Secretary then presented the suggested revisions in the Constitution and By-laws, notice of which had been sent to each affiliated organization with the notice of this annual meeting.

It was moved by Miss Randal, seconded by Mrs. Johnson, in behalf of the British Columbia Nurses' Association, "That there be free discussion of the suggested revisions, but that no action be taken until the next meeting of this Association.

Miss Randal pointed out that there had not been an opportunity to present the suggested revisions to most of the associations.

The President asked the delegates to show by standing how many had been instructed how to vote on the suggested revisions—38 delegates had been instructed—only one had not received instructions. The President stated that the need for certain changes in the by-laws had been shown at the last annual meeting, and the members of the Executive—the Officers and Councillors for the various Provinces—had all been urged to bring this subject to their associations for their serious consideration. Suggestions had been sent in by a number of associations. These had been considered by the Executive, and the various suggestions were embodied in the suggested amendments as submitted by the Executive.

The motion was ruled by the chair as out of order.

The Convention deciding that the amendments should be considered clause by clause, the Roll Call of Delegates was then taken and ballots distributed—the President appointing Miss Kinder and Miss Simpson scrutineers for the afternoon.

As no progress could be made until the method of voting should be decided upon, the President ruled that Article II. of the by-laws should first be considered.

The article was then considered and the suggested revision discussed in full. It was then moved in amendment by Miss Gunn, seconded by Miss Browne, "That the new Section 4 of Article II. be amended by omitting in the first line the words 'including elections' and add after 'by ballot,' 'if the meeting so decides,' and at the end of the section add 'voting for elections shall always be by ballot'."

The clause as thus amended was voted upon by ballot, and carried unanimously, 124 votes being cast.

While awaiting the scrutineers' report of the ballot, the Archivist's report was received. In the absence of Miss Potts, it was read by the Secretary. The report was approved.

Instruction for the safe keeping of the archives of the Association being asked in the report, it was moved by Miss Gunn, seconded by Miss Matheson, "That the decision as to the safe keeping of the archives be left to the Executive, the decision depending in part on the Association's decision in regard to the opening of a national office and the engagement of an Executive Secretary." The motion carried.



The consideration of the revision of the Constitution then being resumed, it was moved by Miss Randal, seconded by Miss Young, "That the Constitution and By-laws be voted upon clause by clause, by a standing vote of accredited delegates." Carried.

Articles I., II. and III. of the Constitution were accepted unanimously

The Constitution calls for an annual meeting, and as a resolution submitted by one of the affiliated organizations calls for a change to biennial meetings, a delegate asked that this resolution, as bearing upon the Constitution, be here considered.

The resolution sent in by the Florence Nightingale Association of Toronto was then read and considered, discussion for and against being entered into freely. Mrs. Hanington opened the discussion by pointing out difficulties which might arise in the work of the newly-formed sections, making special reference to the Public Health field in which such rapid growth is taking place, and the need for the Public Health Section to take cognizance of these rapid changes, and to assist in the guidance of the development of Public Health activities.

Miss Randal suggested the possibility of sectional meetings, (sections of the whole Association, geographically considered, rather than a section as signifying any specialized group of workers).

Miss Cole and Mrs. Kneal felt that any action of the sections would be of interest to, and affect all nurses, and would be best carried on through the more frequent meetings of the whole Association.

Miss Gunn explained the view-point of the Association which submitted the resolution, the arguments advanced being also supported by Miss McPhedran and Miss Emory,—the general feeling being that the Provincial organizations through which remedial legislation, etc., must be secured, should be very considerably strengthened; and that no sectional activities would be in any way curtailed, the sections working through the Provincial Divisions, which are again committees of the Provincial organizations. The expenses in connection with the annual meetings are considerable, and it was felt that if the Association met only once in two years, a larger and more representative meeting could be secured, and all units brought in touch with each other.

Miss Dickson outlined briefly the feeling of the Executive when this resolution was discussed at the May meeting of the Executive—the general feeling having been in favour of the resolution.

Moved by Miss Gunn, seconded by Miss Randal, "That the resolution presented by the Florence Nightingale Association of Toronto be adopted, and that the Constitution be revised in conformity with its provisions for biennial meetings." The motion carried. In favor, 113; opposed, 11.

The By-laws were then considered.

Article I.—no change. Article II.—already dealt with. Article III.—accepted with slight alteration as recommended.

Article IV., Section 3—In amendment to this, it was moved by Miss Randal, seconded by Mrs. Johnson, "That date for sending out of nomination blanks be November 1st, and that January 31st (before the biennial convention) be the date for the return of the nomination lists to the Secretary." This amendment carried unanimously.

Section 4 of the same article was discussed. An amendment to make necessary the submission of all accounts to the Executive Committee before settlement, instead of to the President, was lost, by a vote of 26 to 98. To this section was added the provision for the transference to the Executive Secretary of such of the duties of the Treasurer as the Executive Committee might decide. In this form it was accepted unanimously.

At 6.15 p. m. an adjournment was moved by Miss Randal, seconded by Miss Young—the discussion of the revision of the Constitution to be resumed at such time as the President should arrange.

#### EVENING SESSION

A joint meeting of the C. N. A. T. N. and the C. A. N. E., presided over by Miss Edy, President of the Alberta Registered Nurses' Association. The invocation was pronounced by the Rev. Dr. McQueen. Addresses were given by His Honour the Lieutenant-Governor, the Honourable the Prime Minister of Alberta, by His Worship the Mayor, and by one of the University staff representing President Tory, who was absent from the city. Suitable replies were made to the addresses of welcome by Miss E. MacP. Dickson, on behalf of the C. N. A. T. N., and Miss Hersey for the C. A. N. E.

Owing to the absence of Col. Mewburn, his address on "Pioneer days in Alberta" was not given, but His Honour the Lieutenant-Governor delighted the members with reminiscences of his own early days in the North-west Territory.

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#### Tuesday, June 20th, 1922

MORNING SESSION—The Public Health Session.

#### AFTERNOON SESSION

The general session of the Association opened at 2.45 p. m., with a summarized report of the proceedings of Monday afternoon's meeting.

The discussion of the report of the Memorial Committee was then resumed.



Miss Gunn first read Miss Shaw's letter, as had been requested. Miss Shaw, who was present, explained that though the financial returns showed Quebec not to be behind any Province, yet an even more hearty response would have been forthcoming if almost any other form than that proposed had been decided upon for the memorial.

Miss Kelly, speaking on behalf of the Graduate Nurses' Association of Calgary, said that this Association was opposed to any memorial in the form of a monument.

Moved by Miss MacKenzie, seconded by Miss Catton, "That the action of the last Annual Meeting be endorsed, and that the matter of the form the memorial is to take should be re-opened for discussion."

Discussion of this motion was lead by Miss Gunn, who explained that the Government desired that the memorial should be of an historical nature, commemorating the deeds of the pioneer nurses as well as those of the army sisters who sacrificed their lives in the Great War. Miss Johnson withdrew any objection to the form of memorial which had been expressed by the Brandon nurses. The motion was put to the general meeting, and carried, with only one dissenting vote.

The Memorial Committee having been given power to prepare plans to present to this annual meeting only, it was necessary to delegate to some committee the authority to select the most suitable design, and bring the work to a completion. A plan outlined by Miss Gunn was, that the Central National Committee, being in touch with the Governmental authorities whose sanction must be obtained, should receive designs, and submit to the Provincial Committees the ones receiving their most favourable consideration. The Provincial should pass upon these and, acting upon their recommendations, the final arrangements would be made. Moved by Miss Catton, seconded by Miss Brennan, "That the work be left in the hands of the Central Memorial Committee, acting in consultation with the Provincial Memorial Committees, as outlined by Miss Gunn."

While this motion was under consideration, the discussion wandered to such points as: How soon should all the funds be collected? Will the memorial likely cost the full \$65,000, the objective set by the Committee? Mrs. Kneal, Miss Gray, Miss Gunn, and others took part in the discussion. Miss Gunn stated that the Committee expected soon to be able to secure definite statements as to estimated costs of various designs.

Moved in amendment to the previous motion by Miss Gray, seconded by Mrs. Kneal, "That, since sculptors submitting designs would all first have been notified of the Government requirements, all designs received, therefore, should be submitted to the Provincial Committees, and the selection of the design governed by the reports from such committees, the final work leading to the completion of the memorial

to be left in the hands of the Memorial Committee in consultation with the Executive Committee." The amendment carried. Contrary votes, 4.

Moved by Mrs. Kneal, seconded by Miss Jamieson, "That, in the matter of the selection of the design, each Provincial Committee shall have but one vote." Miss Browne and others questioned whether this were a democratic method, and whether it would meet with general approval.

Moved in amendment by Miss Gray, seconded by Miss McPhedran, "That the voting strength of each Provincial Committee be estimated according to the Provincial Association's numerical strength in the National, upon which basis the share of each province in the financial objective had been allocated." The amendment carried. Contrary votes, 2.

The Business Committee referred to in the report had asked for all possible material illustrating the early history of nursing in Canada. The National Convenor, Miss Gunn, asked that any such material in the possession of any member should be sent to her as soon as possible.

The meeting adjourned at 4 p.m.; motion of adjournment made by Miss Matheson; discussion of the Memorial Committee's report to be continued at such time as the President may appoint.

EVENING SESSION—The Public Health Section.

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### **Wednesday, June 21st, 1922**

MORNING SESSION—The Private Duty Section.

#### **AFTERNOON SESSION**

The next general meeting of the Association opened at 2.30 p.m. The reading of minutes and the business was waived, and Mr. Whiston, Organizer of Municipal Hospitals for Alberta, outlined the development of such hospitals since the passing of the Municipal Hospital Act in 1917.

Miss McLeod, of High River, not being present nor her paper received, Miss Clark presented the subject of "The Municipal Hospital from the point of view of the Public Health Nurse."

A hearty vote of thanks was tendered to Mr. Whiston.

The regular routine was then resumed, the Secretary giving a brief report of the last general session.

Telegrams of greetings just received were read—one from Dr. Shearer, on behalf of the Social Service Council of Canada; one from Mrs. Plumptre, President of the Ontario Division, Canadian Red Cross, and one from Miss MacMillan.



The President then called for discussion of remaining points arising from report of the Memorial Committee.

The question of the publication of lists of individual subscribers was raised. Moved by Miss Randal, seconded by Miss Fife, "That names of individual subscribers should not be published." Carried unanimously.

As to date upon which funds should be sent in, a motion was made and approved, "That an earnest effort be made to have all funds in the hands of the Treasurer of the National Committee by December 31st, 1922."

The President appointed Mrs. Edwards and Miss Cook as scrutineers for the afternoon.

A demonstration of exhibits of various hospital devices had been planned for this period, but the committee in charge of the exhibit not being on hand, this item had to be passed over, and the discussion of the Constitution and By-laws was resumed.

Revision of Articles V. and VI. were accepted without question. On Article VII. there was considerable discussion.

Miss Randal felt that the suggested change in making the Provincial President and Secretary the Councillors for the Province took away the privilege of choice from the Provinces. Miss Gunn felt these Provincial Officers were equally eligible for nomination as officers of the National, and that the Provinces should have the authority to replace them as Councillors if elected officers of the National.

Moved by Miss Gunn, seconded by Miss Browne, "That this Article be further amended to read: "The Councillors shall be the President and Secretary of each Provincial Association. In case of either being elected an officer of the National, or otherwise a member of the National Executive, the Provincial Association shall appoint another Councillor to fill the place vacated." A divisional vote being requested by Miss Randal, the motion carried. In favor, 81 votes; opposed, 14 votes.

The remainder of Article VII. was approved, with slight amendments; also Articles VIII. and X., and the suggested alterations in Article XI. On Article XII. there was some discussion.

Moved by Miss Randal, seconded by Miss Catton, "That Section 2 of Article XII. be amended to read: 'All proposed amendments to the Constitution and By-Laws shall be mailed to each federated organization on or before the 1st day of January preceding the general biennial convention.'" This amendment carried. In favor, 66 votes; opposed, 10 votes.

Moved by Miss Gunn seconded by Miss Catton, "That a Committee on Amendments make all necessary changes in wording to bring all

Articles of the Constitution and By-Laws in conformity with the changes just passed." Approved.

Moved by Miss Gunn, seconded by Miss Emory, "That the revised Constitution and By-Laws go into effect at once."

Moved in amendment by Miss Randal, seconded by Mrs. Johnson, "That the amended Constitution and By-Laws go into effect at the close of this Convention."

In discussion it was pointed out that the original motion would nullify the instructions already received by the delegates in the matter of voting for Councillors, and would also cancel the nomination of members whose permission had been secured to stand for such office. The amendment carried.

Adjournment moved by Miss Kinder at 5.15 p. m.

#### EVENING SESSION

The evening session opened at 8.35 p. m., Miss Dickson presiding.

The Reports of the Affiliated Organizations were read by the delegates who were present.

Miss Randal then gave a very interesting paper on "Training School Inspection and its Effects on Nurse Education."

Miss Moodie's graphic description of "Pioneer Nursing Days in Alberta" was read by Miss McPhedran.

The report of the Committee on Nursing Progress (Convenor, Miss Potts) was read by the Secretary.

The meeting adjourned at 10 p. m.

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#### Thursday, June 22nd, 1922

#### MORNING SESSION

The morning session was a "Round Table Conference on Hospital Administration," presided over by Miss McPhedran. Interesting papers were read and problems of Hospital Administration were discussed. An interesting paper on "Linen and Laundry Departments," by Miss Catton, was followed by a paper on "The Operating Room," by Miss Ferguson (the paper being read by Miss Gunn). The discussion of the problem of the regulation of visitors was lead by Miss Hersey, and that of the preservation of floors by Miss Mackenzie.

The discussion of the Single Room versus the Open Ward in Hospital Construction was lead by Miss Gray in the unavoidable absence of Miss Dickson. Discussion entered into by Miss Gunn and others indicated that, following present day advancement in medicine, it was



necessary to give much greater attention to each individual patient, his diet and various treatments, and for many cases the single ward was essential.

It was agreed that proportionately a much larger nursing staff was required, and provision must be made for this where any large number of patients were treated in the single room plan.

The following motion was approved: Moved by Miss Gray, seconded by Miss Catton, "Resolved that this Association approves of the General Ward with the provision of an adequate number of single rooms for special cases."

The meeting adjourned at 12.20 p. m.

#### AFTERNOON SESSION

The afternoon session opened at 2:45 p. m., Miss Dickson presiding.

Misses Shaw, McKee, and Mrs. Kneal were appointed scrutineers for the afternoon.

Unfinished business was first considered.

The first subject was the resolution from the Florence Nightingale Association of Toronto: "That no delegate shall be allowed to cast the vote of an affiliated association, unless the delegate herself be a member of that association." Moved by Miss Gunn, seconded by Mrs. Feeny, "That this resolution be adopted."

The discussion in favor of this resolution was led by Miss Gunn. Arguments to show such a resolution would work a hardship to small associations, and to those in places at a considerable distance from the place of convention, were presented by Misses Randal, Fife, and Catton.

The motion was lost.

The following resolutions, of which notice of motion had been given by the Executive Committee, was then considered: "In view of the fact that the membership of the C. N. A. T. N. has reached the ten thousand mark, and also that an increasing need is being felt throughout Canada for a Bureau of Information regarding positions in, and suitable applications for, the various special fields in nursing; be it resolved, 'That the Board of Directors be authorized to secure the services of a paid Secretary and to open a National office, and that this financial undertaking be met by a special levy of fifty cents per capita from each of the federated organizations.'"

Moved by Miss Browne, seconded by Miss Fife, "That this resolution be approved."

The resolution was very fully discussed, arguments in its favour being advanced by Miss Browne, Miss Gunn and others. Opposed were Miss Randal, Miss Kelly and Mrs. Manson, the chief point in the nega-

tive being that of expense, and that the present conditions did not yet warrant such an expenditure. Miss Randal advised adequate stenographic assistance to the Secretary rather than the larger expenditure at present. Mrs. Kneal thought that there were many points on which members would wish information before voting,—where would the National office be placed? by whom, and how, would the Executive Secretary be selected? what salary should be paid? etc.

Miss Randal stated that, according to the British Columbia Registration Act, no special levy could be made on their members. Others raised the point of duplication of assessment if the levy were made through each of the federated organizations.

Moved by Miss Gunn, seconded by Miss Matheson, "That the resolution be amended by adding the words 'either through their Provincial Association or directly to the C. N. A. T. N.'"

Moved in amendment to the amendment by Miss Randal, seconded by Miss Catton, "That the resolution read as just amended, with the exception of a change in the words 'special levy' to 'voluntary contribution.'"

The amendment to the amendment lost. The first amendment to the resolution carried. In favour, 89 votes; opposed, 32 votes.

The next resolution to be considered was that of the Saskatchewan Registered Nurses' Association, suggesting a Pupil Nurses' page in the journal. Moved by Miss Gray, seconded by Miss McPhedran, "That this resolution be approved." This motion was carried, and the suggestion made by Miss Gunn, "That arrangements for this page be made by the Executive," was approved.

The two resolutions submitted by the Calgary Graduate Nurses' Association were then considered:

(1) "That all Hospital Training Schools receiving the benefit of the cheap service of pupil nurses be debarred from using undergraduates for special duty with patients requiring the services of a special nurse and charging a fee for such services, when a long list of graduate nurses are awaiting a call."

Moved by Miss Kelly, seconded by Miss Johnson, "That this resolution be endorsed."

Moved in amendment by Miss Randal, seconded by Miss McPhedran, "That this Association voice a strong protest to the principle of hospitals employing pupil nurses on special duty while charging a fee for such services." The amendment carried.

(2) "That this Association places itself on record as disapproving of the custom of engaging in Municipal Hospitals nurses who do not possess diplomas from a recognized Training School."



Moved by Miss Kelly, seconded by Miss Randal, "That this resolution be further amended by changing the word 'custom' to 'principle,' and by deleting the word 'municipal,' and that the resolution thus amended be approved." The amendment carried.

The motion passed by the Executive, approving the grant of \$50 for this year to each of the Sections, was presented, and its adoption moved by Miss Browne, seconded by Miss Russell.

Moved in amendment by Miss Emory, seconded by Miss Gaskell, "That a grant of \$50 be made each year for the next two years to each of the Sections." The amendment carried.

New business:—A telegram was read from the Tuberculosis League of Canada asking "That the C. N. A. T. N. would consider the recommendation of a three months' special training in Tuberculosis for nurses before graduation."

It was moved by Miss Browne, seconded by Mrs. Johnson, "That the recommendation be made to the Training Schools that three months' special training in Tuberculosis patients and the prevention of the spread of the disease be given where possible by all Training Schools before graduation of students."

Discussion in favor of this motion by Misses Browne, Randal and McPhedran. The motion carried.

The next new business was the matter of the appointment of the Executive Secretary.

Moved by Mrs. Kneal, seconded by Miss Randal, "That we now consider (1) the location of the National Office, (2) the qualifications of the person to fill the position of Secretary, (3) the salary to be paid, (4) how the appointment is to be made." The motion carried.

The location of the National Office was first discussed. Miss Randal suggested Winnipeg; Miss Gunn, Ottawa, as the Federal Capital; Mrs. Manson suggested advantages of a more central point.

Moved by Miss Randal, seconded by Miss Gauld, "That Winnipeg be selected as the place for the National Office." The motion carried unanimously.

The question of "qualifications" was then open for discussion.

Moved by Miss Gunn, seconded by Miss Shaw, "That the consideration of qualifications, salary and duties be left to the Executive." The motion carried unanimously.

The election of officers and councillors then took place, the names of the members of the new Executive being given elsewhere.

The following resolutions were then presented by Mrs. Feeny, Convenor of the Resolutions Committee: Four resolutions from the

Public Health Section, which will be given in full in the report of the proceedings of the Section. All four resolutions were approved. Three resolutions from the Private Duty Section were presented. These also are given in full in the report of the Section. Resolutions 1 and 3 were approved; resolution 2 in regard to "Sub-nurses" was withdrawn by the Section.

#### GENERAL RESOLUTIONS

Letters of appreciation to be sent to Miss Fox; also to all of the organization who so royally entertained us while in Edmonton; to the Convenor of the Arrangements and of the Programme Committees; the Press and the Hotel Management, and the C. A. N. E. was asked to include the C. N. A. T. N. in resolution of thanks for further entertainment to be extended.

A resolution of appreciation was passed to Miss Dickson and the retiring officers.

The place of the next meeting (1924) was then considered. An invitation from the Manitoba Graduate Nurses' Association inviting the Association to meet in Winnipeg was read.

Ottawa's invitation having been received a year ago, a motion was passed thanking Winnipeg for the invitation, but fixing Ottawa as the next place of meeting.

Miss Dickson then called upon the new President, Miss Browne, to take the chair. In handing over the reins of office, Miss Dickson presented Miss Browne with a new Block and Gravel, to be the property of the Association. Miss Browne thanked Miss Dickson on behalf of the Association, and, after a brief address, the meeting closed with the singing of the National Anthem.

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#### Report of Public Health Section

Miss Florence Emory, Chairman, presided at the annual meeting of the Public Health Section of the C. N. A. T. N. held in the MacDonald Hotel, Edmonton, on the morning and evening of June 20th. 1922.

At the opening session, it was moved and seconded that the minutes of the last annual meeting be taken as read. Carried.

A report of the activities of the Section for the year was read by Miss Knox, Acting Secretary. Moved by Miss Knox, seconded by Miss McLellan, that the report be adopted. Carried.

A slight change was made in the order of the programme. It was decided to precede the address of Miss Elizabeth Fox by a summary of Provincial Reports on "Development of Public Health Nursing" in



order to give the speaker a knowledge of the Public Health Nursing situation in Canada.

Moved by Miss Russell, and seconded by Miss Jamieson, that one change be made in the By-Laws of the Public Health Section, the clause relating to "officers" to be changed to read as follows: The officers of the Section shall be a Chairman, Vice-Chairman and Secretary, elected at the annual meeting. Carried.

Moved by Mrs. Hanington, seconded by Miss Hickey, that the Public Health Section of the C.N.A.T.N. give their permission to have the words "Public Health Section" printed in red letters and added to the notepaper at present used by the C.N.A.T.N., said notepaper to be used by the Public Health Section of the C.N.A.T.N.

Following the reading of Summary of Provincial Reports, Miss Fox gave an interesting and practical address on "How may the Public Health Section of the C.N.A.T.N. be of assistance to the Rural Nurse?" Miss Fox, in her wide experience, seems to have encountered practically all of the difficulties to be met in the Public Health Nursing field, and has found a practical and sane solution of most of them. The address brought forth some very interesting discussion. In answer to Miss Gunn's question as to how long a demonstrating nurse should remain in a locality, Miss Fox expressed the opinion that it is very unwise to remove the nurse before the municipality has been educated to realize its responsibility and is in a position to carry on the work successfully.

Miss Fox expressed a further opinion that voluntary organizations are indispensable, but their work is chiefly experimental.

At the conclusion of the discussion, the following resolutions were brought forward:

- (1) Moved by Mrs. Hanington, seconded by Miss Russell:

Resolved, that the Public Health Section recommend that the C.N.A.T.N. approve only of Public Health courses, at the successful completion of which a certificate or a diploma is given from a recognized educational institution. Be it further resolved that the executive of the C.N.A.T.N. pass this resolution on to the C.A.N.E. for action.

- (2) Moved by Miss Shaw, seconded by Miss Armstrong:

Resolved, that a standing Committee on Education be appointed. Such committee to consist of three members of the Central Executive of the Public Health Section, chosen as representing Western, Central and Eastern Canada. This committee to be elected annually.

- (3) Moved by Miss MacLennan, seconded by Miss Clarke:

Resolved, that the Public Health Nursing Section request the Executive of the C.N.A.T.N. to bring to the notice of the C.A.N.E. the advisability of appointing a committee on the training and education of Public Health nurses. Such a committee to include a representative of the existing University courses for Public Health nurses and of the Victorian Order nurses.

(4) Moved by Miss Moore, seconded by Miss MacLennan, that the Executive of the Public Health Section recommend to the members of the Section that they support and subscribe to the *Canadian Nurse*. It is felt that the Public Health Nursing Department of this magazine is of value to all engaged in Public Health work.

It is further recommended that a committee be formed to be responsible for the development of the Public Health Nursing Department of the *Canadian Nurse*. This committee to consist of a representative chosen from the Public Health Committee of each province, the appointment of the convenor of said committee to be left to the Executive of the Public Health Section of the C. N. A. T. N.

Miss Shaw read a paper by Miss Smellie on "The Development of the Public Health Nursing Department of the *Canadian Nurse*."

The paper was followed by an interesting discussion of the best methods of improving this department.

Miss Shaw expressed the opinion that the C.N.A.T.N. should have a library, to be made easily accessible to all nurses.

Adjournment for luncheon.

The evening meeting opened with the discussion of outstanding features of Provincial Reports, led by Provincial representatives.

NOVA SCOTIA.—Miss Brown read Miss MacKenzie's brief outline of the Antigonish County Mobile Clinic, and the "Day Camp," which was conducted by the Halifax County Anti-Tuberculosis League.

NEW BRUNSWICK.—Miss Stairs gave an interesting account of the Pre-natal and Infant Hygiene Nursing in New Brunswick.

QUEBEC.—Miss Cole discussed the part played by the Victorian Order nurses in the development of Public Health nursing in Quebec.

ONTARIO.—Miss Knox read Miss MacKay's brief outline of Industrial Nursing in Ontario.

MANITOBA.—Miss Russell discussed Clinic Service—an aid to Public Health nursing in unorganized territory.

SASKATCHEWAN.—School Nursing, as organized by the Provincial Department of Education, was discussed by Miss Simpson.

ALBERTA.—Miss Clark gave an interesting short talk on the Organization of Rural Public Health Nursing, Provincial Department of Health.

BRITISH COLUMBIA.—Miss MacLennan spoke on The Canadian Red Cross and its relation to the development of Public Health Nursing in British Columbia.

Many interesting and helpful points were brought out in these excellent discussions.



A Report on the Minimum Standards of Public Health Courses in Canada was read. Subsequent discussion, led by Mrs. Hanington, brought out some very interesting information.

Mrs. Hanington was of the opinion that the University should not set its standards so high that some excellent types of nurses would be prevented entering. Miss Shaw felt that, if the nurse did not have sufficient elementary education, the strain to keep up and make good was too much of a struggle, and that her physical condition was lowered when she failed. The standards of the University must be upheld.

Miss Gunn had discussed this with a member of the Toronto University staff, who said that the University was not training nurses, therefore the student must have hospital training, although it is not considered part of elementary training. Elementary educational requirements of nurses must be the same as that for all students entering University or nursing standards will be lowered. The other students would feel that nurses were not up to University standards, and it is not logical that the University should give to one group privileges regarding standards which it will not accede to others. Training School standards must be raised. The Toronto General Hospital has set matriculation as its entrance requirement. The profession will reap the benefit of maintained standards.

Following this very interesting discussion, Miss Jean Browne gave an address on "The Function of the Junior Red Cross for Canada."

#### ELECTION OF OFFICERS

The officers of the previous year were returned unanimously. Mrs. Hanington moved a vote of thanks to Miss Emory and Miss MacKay for their splendid work during the preceding year.

Adjourned.

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#### Report of Secretary

Following the annual meeting of the C.N.A.T.N. in Quebec, June 1921, a letter was prepared and sent to each provincial representative in the hope that it might be possible to make clear many points which had arisen in connection with sessions of the Section. The executive recommended to the provincial associations that their representatives for the past year be re-appointed in order to make few changes in the Council for the present year. The responsibility of each representative to the Public Health Nursing Department of the *Canadian Nurse* was emphasized, and a copy of the By-Laws of the Section as approved by the executive of the C.N.A.T.N. was enclosed. It was stated that, on the recommendation of the President of the C.N.A.T.N., the money collected from fees during the year 1920-1921 was retained by the Section as a nucleus of a fund available to sectional officers in the defraying of neces-

sary expenses incurred by the Section.

Early in the fall a second letter was written asking provincial representatives to forward suggestions as to ways in which they hoped to stimulate interest in the enrolment of new members.

As the fee for membership in the Section had been discontinued, it was recommended by the Ontario Committee on Public Health that an application form be printed and filled out by those wishing to join the Section. This form was drawn up and, with the approval of the Council, 500 copies were printed. So widely have they been used that it has been necessary to have them reprinted.

Later in the fall a suggested outline for use in preparing provincial reports on the development of Public Health Nursing for the annual meeting was sent to the provincial representatives for their approval. At this time all were requested to forward to the secretary suggestions for the programme of the Section at the annual meeting.

In November the Ontario Committee on Public Health Nursing requested that the Section consider the question of "Minimum Standards for Public Health Courses in Canada." A questionnaire was prepared, a copy of which was sent to each representative in order that all might have an opportunity to consider this question intelligently. These, together with the provincial reports on the "Development of Public Health Nursing," have been summarized and will form a part of the evening's programme.

The latter part of December the chairman of the Section attended an executive meeting of the C.N.A.T.N., when a short report of the activities of the Section was read.

Early in the New Year, at the request of Miss Smith, Editor of the *Public Health Nurse*, Cleveland, Ohio an article was prepared on the "Development of Public Health Nursing in Canada." Responding to the request of the Executive of the Section, several of the provincial representatives forwarded valuable material, which was of great assistance in the preparation of this report.

At the request of Miss Kathleen Olmsted, Public Health Nursing Service, International Red Cross, Geneva, a contribution was sent by the Section to an exhibit which was held in Geneva in March.

Articles have been provided for publication in the Public Health Nursing Department of the *Canadian Nurse*. The executive is grateful to Miss Randal, Editor of *Canadian Nurse* for the prompt publication of material forwarded to her.

In compliance with a request from Dr. Gordon Bates, Editor of the *Public Health Journal*, several articles written by Public Health nurses have been sent to him for publication.



Early in February an aggressive campaign for membership was launched by the Council of the Section. The results are as follows: Nova Scotia, 36; New Brunswick, 16; Quebec, 50; Ontario, 252; Manitoba, 60; Saskatchewan, 34; Alberta, 27; British Columbia, 67. Total, 542 memebrrs.

In addition, many nurses have applied for membership in the Section, but could not be enrolled because they do not belong to their several provincial associations.

The preparation of the programme for the two sessions of the Section has entailed a good deal of work on the part of the Council. The Executive is indebted to Miss Dickson, President of the C.N.A.T.N., and to the Council for assistance rendered. Special mention is due Miss Elsie G. Wilson, representative for Manitoba, who undertook to convene the committee which is responsible for the Public Health exhibit in connection with the Convention.

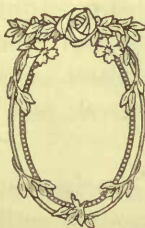
Following is a short report of receipts and expenditures for the year 1921-1922.

RECEIPTS		EXPENDITURES	
Membership fees, from..		Stationery and stamps,...	\$ 6.93
1920 .....	\$ 36.00	Telegrams .....	3.50
Membership fees, from..		Printing application ....	15.70
1921 .....	104.00	Exchange on cheque ....	.15
Interest .....	2.42		
			<hr/>
			\$ 26.28
		Balance on hand .....	116.14
			<hr/>
Total .....	\$142.42	Total .....	\$142.42
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Respectfully submitted,

MURIEL MACKAY,

Secretary, Public Health Section, C.N.A.T.N.



### **Report of Private Duty Nursing Section**

The proceedings of this section opened June 21st, at 9:30 a.m. with Miss Edith Gaskell, Chairman, presiding. After a brief address by the chairman, stating the aims of this new section of the National Association, the report of the Secretary, Miss Bertha M. Fife, was given. A splendid address on "Insurance for Nurses" was given by Mr. Wm. Ardern, of Calgary, which elicited many questions from the attentive nurses. Miss Gaskell gave a paper on "Pensions for Nurses," showing what could be done for them under the Government plan of annuities or with a commercial insurance company.

Miss Gaskell read the paper prepared by Professor I. H. Cameron, "The Nurse's Life and Calling," a prolegomenon on its Preparation, Pursuit, Recompense and Rewards. This, with the many view-points presented, brought out much animated discussion. This was followed by the election of officers of the section. Miss Gaskell and Miss Fife were re-elected unanimously—President and Secretary-Treasurer, respectively; the officers of the section being the Convenor of each Provincial Private Duty Committee.

### **Report of Secretary**

The first step in organization of the Private Duty Section of the Canadian National Association of Trained Nurses was taken in the spring of 1920, when the Central Registry of Toronto, composed of Private Duty nurses, asked for representation as a body in the Provincial Association of Ontario. This request was gladly granted and a standing committee was at once formed.

The Central Registry of Toronto then sent Miss Edith Gaskell, your present National Convenor, to the Canadian National Association of Trained Nurses Convention being held at Fort William, who asked for recognition of the Private Duty nurses of the Dominion as a body in the National Association. This request was unanimously granted, and Miss Edith Gaskell was appointed National Convenor, with the power to choose her own committee and work out a scheme of organization for the Private Duty Nursing body.

In March, 1921, a committee consisting of Miss MacPherson Dickson, the National President, and representatives from all over Ontario, met to draw up a form of by-laws, which were sent to the various provinces for criticism or approval, and were unanimously passed at the Quebec Convention, 1921.

In November, 1921, the Ontario committee, at the request of the other provinces, drew up a suggested outline of procedure for the year, and this outline, along with forms of application and copies of by-laws, was sent to every province.



The various provinces, excepting New Brunswick, then formed standing committees in their Provincial Association.

We feel a good beginning has been made, and are much encouraged by the enthusiasm shown, but greatly disappointed with the financial support given the National Committee.

Every province approved the fee, but very few members in any province supported that approval financially, and it was left to the Ontario Committee therefore to assume the debt that had been incurred in all good faith and enthusiasm by the National Committee.

All of which is respectfully submitted.

BERTHA M. FIFE,  
Secretary-Treasurer.

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### President's Address

Delegates and Members of the Canadian National Association of  
Trained Nurses:

As chief executive officer of our association, the pleasant duty of welcoming you all to the eleventh annual convention of the Canadian Association of Trained Nurses devolves upon me. It is very gratifying, I am sure, to Mrs. Manson and her local committee, as well as to the programme convenors, that such a good attendance has been had.

I trust that you have all received the advance programmes and that you have come prepared for very free discussion on every topic, and that this convention may be productive of much real benefit to all.

This is the first time that the programme of this association has been divided into definite sections, and I would remind each delegate that she is representing an organization composed of members of the profession from every field of endeavor, and it is therefore her duty to attend not only the sessions in which she is personally interested, but every session of the convention, so that she may intelligently report back the business to her organization. To those of you who are not delegates, may I urge upon you the necessity of attending the sessions of the sections in which you may not be very personally interested, as it is only in this way that we can have an intelligent understanding of the difficulties and aims of each group. We must remember that the nursing profession of to-day has wider interests than ever before, and that it is only by united, intelligent interest and support of the whole that we can expect to advance.

Having made my inaugural address at Quebec last year, and not having had any reason to change my mind in regard to the ideals expressed at that time, I shall not burden you with any lengthy or formal address on this occasion. Shortly after the last convention it became

necessary for our very able secretary to resign on account of ill health, and it was not until in the spring of this year that we were fortunate in securing the very generous services of Miss Gray. My office, therefore, has been, for the most part, that of executive secretary, and I shall endeavor to report briefly.

It is my sad duty to record the death of Margaret Stanley, late Superintendent of Nurses of the Victoria Hospital, London, whom we honored last year at the Quebec convention. It was not possible for me to go to London on the day of the funeral, but a suitable floral tribute was sent, and Miss Matthieson, one of the Ontario councillors, represented the association on that occasion. An appreciative note was subsequently received from near relatives. The local nurses of London tell me that the conferring of Honorary Membership on Miss Stanley had given her many happy recollections of the very lasting friendship made at these annual gatherings. To us all it has been a reminder to "scatter roses while we may."

You have already learned that the C. N. A. T. N. scholarship nurses, to the Post-Graduate School for Nurses at McGill University, was Miss Jean Wilson, our most efficient treasurer. Many inquiries have come to the various officers of the association for information in regard to subsequent scholarships for this course—and it might be well to remind the members that no provision has been made for the continuance of a scholarship from this association, it having been granted last year solely for the purpose of giving some tangible evidence of our appreciation of the establishment of such a school as a department of a Canadian university.

During the year the Alumnae Association of the Toronto General Hospital requested your Executive Committee to consider the advisability and feasibility of sponsoring a book on "Home Nursing," written by Mrs. Jackson, one of its members. This seemed to the members of your Executive Committee to present an opportunity not to be overlooked, and consequently several members were good enough to carefully read chapters of the manuscript and to report upon them. It was decided that we should sponsor the book, and, with the approval of the Executive Committee, the following foreword was issued:—

#### FOREWORD

It is with a great deal of pleasure and some pride that the Canadian National Association of Trained Nurses sponsors "The Canadian Home Nurse," written by one of its members. It is the first book of its kind to be published in Canada, and with its issue goes the best wishes of the nurses of Canada into every home, where it should be found to be a valuable book of reference.

(Sgnd), EDITH MacP. DICKSON,  
President, C.N.A.T.N.

May 10th, 1922



It is expected that the book will be released from the press at an early date.

A word about our Affiliations:

Having established affiliations with the International Council of Nurses, the National Council of Women and the Social Service Council of Canada, we might do well to consider our attitude towards these organizations in the past. We have lent our numerical strength to these organizations, and we have made our small financial contributions to them, but we have not been in a position to lend our assistance, as a specialized group, to the solving of the many problems which have been under consideration—not even on those questions directly concerning sickness and health. I have attended regularly the meetings of two of these organizations in the past year, but I did not feel at liberty on many occasions to express an opinion, because the association had not done so. Even when it was possible to obtain a quorum of the Executive Committee, the opinion on certain resolutions was so divided that we did not feel justified in making any definite decisions, e.g., resolution re Oleomargarine N. C. of W.

For the executive meeting of the N. C. W., held in Ottawa in February last, resolutions were received by me at a sufficiently early date to permit of their consideration by the councillors and their local groups, and to report their decision on the resolutions, but often times this is not the case. For the reasons just mentioned, and because the discussion at the meetings so often changes the aspect of a resolution, I would like to recommend that the incoming president be given very wide powers in representing us on these councils.

The Executive Committee of the International Council of Nurses met in Denmark on May 22-24. Notice of the meeting was delayed, consequently there was not sufficient time to arrange for representation of our association at the meeting.

There are several important resolutions on the agenda; I would like to refer to three of them.

First, in regard to some changes in the by-laws of the association. Each year there have been complaints from one province or another in regard to lack of satisfactory communication of business between their respective associations and the national. It has, in some cases, been difficult to impress on the provincial councillors that they are responsible to the Federated Associations in their respective provinces, and I am not sure that the by-laws are very clear on that point. I would respectfully ask that you give the resolution regarding this by-law your very serious consideration.

I would bespeak the same serious consideration on the resolution from the Executive Committee—that an executive secretary should be

appointed at the earliest possible moment. This is not a new resolution and should not be allowed the fate of an annual "tabling."

The situation as it is now precludes the possibility of any member, without private clerical assistance, holding the office of president, and such an organization as this should not be so hampered in its choice of officers. There, too, should be at least one available whose first responsibility is that of the business of our association,—one quite free from the routine and emergencies of the profession. I trust that you will not fail to realize that if it is worth while having a professional organization at all, it is only worth while having an efficient one.

Last year your archivist was instructed to prepare a history of the association for publication. It was found that there were so many missing links that an adequate history could not be compiled unless a committee undertook to gather the material wherever it might be available. Consequently there has been no publication of the material in hand.

Might I again impress upon the members of the association the wisdom of gathering data in regard to the development of nursing in Canada while we have with us the pioneer workers to guide us and to give authentic information thereon. If the work could be divided and undertaken by a committee in each province, we might have a history worthy of the best efforts of those who laid the foundation for our profession in Canada.

The work of the standing and special committees will be reported upon by the several convenors, and I would like just here to express personal appreciation of the splendid work done by them. I sometimes feel that we do not always realize how much the few are doing for the whole.

In conclusion, I would like to take this opportunity of expressing my keen appreciation of the faithful support of the members of the Executive Committee during the past two years. Any measures of success which may have been attained during my time of office has been due to the friendly advice and co-operation of my colleagues, and to the hearty co-operation of the federated units, and I bespeak for my successor the same measure of support which I have enjoyed.

E. MACP. DICKSON,  
President.





### Secretary's Report

Madam President, and Delegates to the Canadian National Association of Trained Nurses:

Owing to the illness and resignation of our Secretary, Miss Frances MacMillan, in January last, I was appointed Secretary for the remainder of the year. Our President had been "carrying on" for some little time as Executive Secretary, and the only actual work I can report is having attended to some of the routine preparations for the annual meeting, such as the sending out of notices to the affiliated organizations and a certain amount of correspondence with the officers of the Association.

During the year four meetings of the Board of Directors have been held, and one conference—where it was impossible to get together a quorum of the Executive. The first meeting of the Executive was held in Quebec City at the close of the last annual meeting; the second at the Toronto Free Hospital, Weston, on January 5th and 6th. The conference was held in Toronto on March 27th; the third Executive meeting in the Royal Victoria Hospital, Montreal, on May 6th, and the fourth in Edmonton on Monday morning, June 19th, preceding the opening of the annual convention.

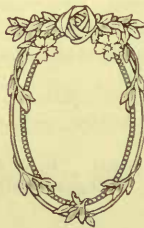
Greetings and congratulations were sent to Sir Arthur Currie on the occasion of the McGill centennial.

The business arising from the Executive meetings has already been presented to each of the affiliated associations in the form of suggested revision of constitution and by-laws, and certain resolutions affecting the policy of the Association, and other business arising from the last Executive meeting, will be presented later.

There are at present 8 Provincial Affiliated Associations, 1 National Association, 28 Alumnae Associations and 13 Graduate Nurses' Associations, representing 9,408 paid-up members—a number of whom are paid-up members in more than one organization—thus the actual number is not known.

Respectfully submitted,

MABEL L. GRAY,  
Secretary.



## Report of Treasurer, 1921-1922

## RECEIPTS

By Bank Balance, June 1st, 1921.....	\$1,424.77	
Affiliated fees .....	2,339.65	
McGill Scholarship Fund .....	27.60	
Interest on Bank Acct. ....	31.76	
		<u>\$3,823.78</u>

## EXPENDITURE

To Expenses Convocation. 1921 Travelling Expenses.....	\$415.62	
Stenographer, Stationary, Telegrams and Stamps.....	135.28	
Sundries .....	34.65	
Sundries, 1920-1921 .....	83.39	
		<u>\$ 668.94</u>
Expenses for year 1921-1922:		
Travelling Expenses .....	\$ 59.02	
Printing, Stenographers, Telegrams, Stationary and Stamps .....	98.24	
Advertising .....	10.00	
Affiliation Fees .....	60.00	
Sundries .....	30.00	
Miss Jean Wilson, McGill Scholarship.....	500.00	
Discount on Bank Deposits .....	6.15	
Exchange .....	3.85	
		<u>\$ 767.26</u>
Bank Balance, June 1st, 1922 .....	2,387.58	
		<u>\$3,823.78</u>

(Signed), JEAN S. WILSON,  
Treasurer.

Books audited by me on this date, June 3rd, and found to be correct.  
G. W. DONALDSON,

## TREASURER'S REPORT, JUNE 1st to 12th, 1922.

## RECEIPTS

By Balance in Bank, May 31st .....	\$2,387.58	
Annual Fees:		
A. A. St. Michael's Hospital, Toronto.....	25.00	
Lady Stanley Inst. A. A., Ottawa.....	31.50	
Moose Jaw Graduate Nurses' Association .....	6.50	
Wellesly Hospital A. A., Toronto .....	12.50	
Graduate Nurses' Association, Nova Scotia.....	31.25	
Florence Nightingale Association, Ottawa .....	20.25	
		<u>\$2,514.58</u>
Less Discount on Bank Deposit.....		.30
		<u>\$2,514.28</u>

## EXPENDITURE

To The Commercial Press, Toronto, Programmes.....	\$ 24.55	
Miss E. MacP. Dickson, Travelling Expenses.....	54.85	
Exchange .....	.30	
		<u>\$ 79.70</u>
Balance in Bank, June 12th.....	2,434.58	
		<u>\$2,514.28</u>

Respectfully submitted,

JEAN S. WILSON,  
Treasurer.



### Annual Report of "The Canadian Nurse and Hospital Review"

The report of the year ending April, 1922, shows a steady growth of subscribers, though far from reaching the number we should have, according to statistics of the number of graduate nurses in Canada. The list of subscribers has been materially increased by the action of several Alumnae Associations raising their fees to include the magazine. These are the Toronto General Hospital; Sick Children's Hospital, Toronto; The Woman's Hospital, Toronto; General Hospital, Hamilton; Grace Hospital, Wellesley Hospital, and Toronto Free Hospital. This is naturally a most hopeful sign, and it is hoped that many local organizations, Alumnae Associations, etc., will adopt the same. The same arrangement as last year, of using one issue of the magazine for the official report of the Convention held in Quebec, which included all the important business, minutes, reports, etc., was continued. The printers' strike, which began early last spring, kept us unsettled till October, when a regular date for getting the journal out was resumed. We were able, with great difficulty, to have the whole twelve copies of the magazine printed, though irregularly and not in strict order.

The three departments for the Public Health and Private Duty Nursing sections and the C.A.N.E. page formed an interesting feature, and we hope that, with a steady growth of subscribers, the magazine may be so enlarged that more space may be given to these as well as to other parts of the journal. The adoption of smaller type for the personal notes, etc., was found to give quite a little extra space and still not curtail that most popular department of the magazine.

The C.A.M.C. Nursing Service Department, under the care of the Matron-in-Chief, Miss Macdonald, has held the interest of the overseas nurses and their friends and is valuable indeed. Miss Scovil, owing to family reasons, has not been able to keep her pages up for the past few months, but we hope she may soon help us as before.

From the letters received and personal talks with nurses, much is hoped for from our Private Duty Section, and the request has been made that they supply practical papers on the latest nursing procedures and medical and surgical progress for what appears to be a real demand by the nurses who themselves belong mostly to those who would naturally join that section.

Official news has been given prominence in every case, and the first pages have been latterly given to the Memorial Committee, whose efforts we wished to have brought to the notice of every reader of the journal.

Miss Catton, of the C.A.N.E., has seen that her department was supplied with material.

More letters have been received this year than ever before from

individual nurses, stating how much they appreciated the magazine and its real value, especially to the nurse away from the centers of organization work.

We are barely paying our way, as you can see from the financial statement, and business men have expressed wonder that we have been able to keep on an even keel through these past few years of scarcity of material and highest prices for material and labor. We should hold up our heads with satisfaction that we have not gone under, and from now on the struggle should be over as to actual existence and every effort made to make a better showing and a larger, more valuable magazine. Delegates from affiliated associations are earnestly asked to bring the matter of raising fees to cover subscription to the magazine to their associations. One of the most discouraging facts about the results of these conventions is that somewhere in the summer following a meeting all interest, which at convention time ran high, is completely lost, and important matters are never taken up by the actual delegates whose way to the Convention has been paid in order that important business might be brought back to these associations. If all nurses realized the power of the professional press, if properly used and the magazine read as it should be by every Canadian nurse wherever and whatever she is, then we would see a revival of the true spirit of nursing, and we could demonstrate that, as a profession, we were competent and willing to "clean house" whenever it was needed. How can we progress when the great rank and file of our nurses cease to read or study on professional subjects after the date of their final examination? Each year the same appeal is made with little result, taking it as a whole. Do you think that 2100 subscribers out of, at a conservative estimate, 5000 nurses actively engaged in their profession, are all we can boast after six years of owning the magazine and keeping it strictly professional and in our own control?

Respectively submitted,

HELEN RANDAL, R.N.,  
Editor.

#### Financial Statement "Canadian Nurse and Hospital Review"

##### STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS From May 1st, 1921, to April 30th, 1922

##### CASH SUMMARY

Balance on hand at Commencement of period .....	\$1,569.50	
Receipts .....	6,262.47	
Disbursements .....		\$6,718.04
Balance on Hand as at 30th April, 1922,		
Cash and Bank .....		1,113.93
	<u>\$7,831.97</u>	<u>\$7,831.97</u>



## AMOUNTS OWING

Stenographer's Salary, April .....	\$ 75.00
Rent and Telephone. 14 months .....	175.00
	<u>\$250.00</u>

Prepared from and certified to be correct in accordance with the books.

WILSON & WILSON,  
Chartered Accountants.

Vancouver, B. C.  
17th May, 1922.

### Report of Memorial Committee

Madam President and Members:

Before beginning the report of this year's work, this committee would like to review briefly the progress of the Memorial before the appointment of this present committee.

The members of the Canadian National Association of Trained Nurses will remember that in the fall of 1920 and the spring of 1921 the affiliated organizations were asked to consider the possibility of undertaking a memorial for our Canadian nurses who gave up their lives in the war, and also to discuss the form this memorial would take. Many suggestions were submitted to the organizations for consideration, with the understanding that the whole question of the memorial would be discussed at the annual meeting in Quebec in June, 1921.

Out of 46 affiliated organizations 32 were represented at this annual meeting, and the following motions were passed:—

(1) Moved by Miss Randal, seconded by Miss Urquhart, that this association decide upon a national memorial in the form of some permanent structure, actual definite form to be left to a committee and established in Ottawa, our Federal centre, the final decision to be brought to the association for approval.

(2) Moved by Miss Gray, seconded by Miss McNeill, that the objective for the National Memorial be \$50,000. and any money left over be given to the provincial associations as a nucleus for their membership.

The first motion brings this report up to the appointment of the committee referred to in the motion. At the annual meeting a committee of three was appointed to serve as a nucleus for a national committee, this committee having the power to add to their number. The three members appointed were Miss Dickson, Miss M. C. Macdonald and Miss Gunn. This committee met for the first time on October 28th, 1921, and members have been added until now the National Committee is as follows: Miss Gunn, Toronto, Chairman; Miss Kathleen Russell,

Toronto, Secretary; Miss Katherine Davidson, Montreal, Treasurer; Miss Dickson, Toronto; Miss M. C. Macdonald, Ottawa; Miss Jean Browne, Toronto; Miss Stewart, Guelph; Miss Potts, Ottawa; Miss McMahon, Charlottetown; Miss Hartley, Toronto; Miss Matheson, Toronto; Miss V. M. McDonald, Toronto.

It was decided to ask each provincial association to appoint a committee to undertake the responsibility of raising the sum assigned to the individual province as its share toward the whole fund. These provincial committees were appointed as follows:—

British Columbia—Miss Elizabeth Breeze, Convenor; Miss Helen Randal, Treasurer; Miss Ethel Boulton, Miss E. V. Cameron, Miss E. M. Morrison, Miss Pauline Rose, Miss Stott, Miss McRae, Miss Judge and Mrs. Whitehead.

Alberta—Miss Eleanor McPhedran, Convenor and Treasurer. The committee consists of the Presidents of local associations, Superintendent of Public Health Nurses; President Overseas Nurses' Club, Edmonton; Mrs. Christine Forbes, Peace River District; and the Superintendents of hospitals in districts where no nursing organizations exist.

Saskatchewan—Miss Jean Urquhart, Convenor; Miss Edith Macy, Treasurer; Mrs. Ironsides, Miss Bradbury, Miss Guillod, Miss Ann Morton, Mrs. Feeney, Miss Gillespie, Miss McKenzie, and Miss Montgomery.

Manitoba—Mrs. Bruce Hill, Convenor; Miss I. M. Jeffares, Secretary; Miss Carruthers, Treasurer; Miss Starr, Miss Hood, Miss Russell, and Miss Martin.

Ontario—Miss Esther Cook, Convenor; Miss Laura Holland, Secretary-Treasurer; Mrs. Ballantyne, Miss Abernethy, Miss C. Clark, Mrs. Smither, and Mrs. Durocher.

Quebec—Miss E. C. Rayside, Convenor; Miss W. A. Bryce, Treasurer; Miss Kay, Miss Ouge, Miss Smillie, Miss Carter, Miss Upton, and Miss Isenary.

New Brunswick—Miss A. L. Burns, Convenor and Treasurer; Miss McMullen, Miss Meiklejohn, Miss Budd, Miss Keyes, Miss Whyte, and Miss Cambridge.

Nova Scotia—Miss K. O. MacLachy, Convenor; Miss Hubley, Treasurer; Miss Graham, Miss M. McKenzie, and Mrs. Hayden.

Prince Edward Island—Miss Winifred MacLeod, Convenor and Treasurer; Miss Pope, Mrs. Allison McMillan, Miss Eva Beers, Miss Bessie Beer, and Mrs. Fred Chandler.

Other Committees appointed were: January 5th, 1922—Ways and Means Committee, with Miss Potts as Convenor. January 5th, 1922—Publicity Committee, with Miss Matheson as Convenor. March 24th, 1922—Business Committee, Mr. C. B. Cleveland, Convenor; Mr. Gerald Larkin, and Mr. Lamén Harris.

Meeting of Committee: This committee has held monthly meetings and one special meeting, making a total of nine, with an average attendance of six members. In addition a special meeting was held June



19th in Edmonton, at which the provincial committees were represented as far as possible.

In submitting this report to the members of the Canadian National Association of Trained Nurses, this committee does not consider it necessary to go very much into the details of the year's work, as each provincial association has been kept in touch with the work through their Provincial Memorial Committees. This report will therefore summarize briefly the progress made.

#### THE PLACING OF THE MEMORIAL

The first step toward securing permission for the placing of the memorial was a letter sent to the Right Honorable Mackenzie King on January 5th, 1922. This letter asked permission to place the memorial in the parliament buildings, Ottawa, or, if this were not approved, near the building on Parliament Hill. This letter was referred to the Department of Public Works. No definite reply was received, and on February 23rd Miss Dickson, Miss M. C. Macdonald and Miss Potts met in Ottawa and interviewed the Deputy Minister of Public Works, Mr. J. B. Hunter. At this time these representatives were told that permission would not be granted to place any memorial in the parliament buildings or near the buildings on Parliament Hill. A location in Major Hill Park, which is Federal ground, might be considered. After considerable correspondence a letter dated April 19th, 1922, was received, granting permission to erect a memorial in Major Hill Park, provided the designs met with the approval of the Committee in Council, and also provided that the Canadian National Association could furnish proper assurance that the funds necessary to defray all expenses could be provided. The Business Committee was not satisfied to allow the matter to be settled in this way without making an effort to secure permission for the location inside the parliament buildings. An interview with the Right Honorable Mackenzie King was arranged for June 1st, 1922, and Mr. Cleveland and Mr. Larkin went to Ottawa for this purpose.

The following is the report sent by the Business Committee as given by the Chairman, Mr. C. B. Cleveland:—

Arrived at Ottawa on June 1st. After breakfast went to Darling & Pearson's office in the Union Bank building. There we saw Mr. Paine and Mr. Drewitt, who showed us general plans of the parliament buildings and proposed location of Nurses' Memorial in the Hall of Fame. They then took us up to the buildings and showed us the actual spot. After that they showed us various notable points in the building.

At 12.30 we went to see the Prime Minister at his office in the departmental building. He was at a council meeting, but his secretary let him know we were awaiting his pleasure. He sent word that he would be glad to see Mr. Larkin after the council meeting at about 1.15. Mr. Larkin went back and saw him for a few minutes, and Mr. Mac-

Kenzie King arranged with him that we should meet him and his committee at 6 p. m., and afterwards dine with him at the Country Club.

At 6 p. m. we went to the Prime Minister's office at the main building and there met him and his committee, consisting of Senator Bostock, Speaker of the Senate; Mr. Lemieux, Speaker of the Commons; Dr. King, Minister of Public Works; Dr. Beland, Minister of Soldiers' Civil Re-Establishment, and Mr. Murphy, Postmaster-General.

The Prime Minister asked us to outline our request. We did so by aid of a plan, first pointing out that we represented the National Nurses' Association of Canada, that the association desired to erect a memorial to those Canadian nurses who lost their lives in course of service during the Great War, and that we requested permission for the nurses to erect a memorial in the Hall of Fame.

Mr. Murphy drew the attention of the committee to the fact that this same matter had come up for consideration while he was Acting Minister of Public Works, and that, to the best of his recollection, the matter had then been disposed of and, subject to certain conditions, permission granted to erect a memorial in Major Hill Park. He asked us whether this was not so. We agreed but pointed out that we felt a better position could be obtained for the purpose, and we now applied for permission to erect a memorial in the bay on the west side of the Hall of Fame, adjoining the proposed McCrae memorial window.

At this point strong objections were raised by several members of the committee against the idea of placing any such memorial inside the buildings.

After some discussion, which helped to clarify the situation somewhat, and in the course of which we pointed out that the association we represented was Dominion-wide and embraced all provincial and other nurses' associations from coast to coast, and that all the nurses were anxious by their own efforts and at their own expense, without help from any outsiders, to erect a worthy memorial to those of their number who had given their lives in the war, we asked them to give earnest consideration to our request.

The Prime Minister, at this point, suggested that we adjourn with his committee to the Hall of Fame and further discuss the matter on the spot.

Several members of the committee, after seeing the site proposed, seemed to feel that the Hall of Fame should be reserved for the placing of statues of Canadian statesmen and other figures famous in history.

We pointed out that while the niches south of the main north corridor were suitable for statuary, the bays north of the corridor, owing to their shallow depth, hardly fitted such a purpose, but would be most suitable for bas-relief or work of that nature. As that was the form we



were proposing for the nurses' memorial, we would suggest its suitability for this position.

The Prime Minister then explored the possibilities of finding a place for the nurses' memorial in the memorial chamber in the tower. We pointed out that in Mr. Pearson's designs for that chamber all the available space was already appropriated.

The Prime Minister then stated it as his opinion that the Hall of Fame should be reserved for statuary of outstanding figures in the history of Canada, or for bas-reliefs illustrating historical episodes in the life of this country, and the memorials and such like subjects should be relegated to other positions either inside or outside the buildings. With his opinion the rest of the committee agreed.

We then suggested that it might be possible to combine a historical episode with the idea underlying the proposed nurses' memorial and that the nurses might then be given the opportunity of erecting a bas-relief symbolized and historical in character as their memorial.

The Prime Minister took this suggestion, discussed it and elaborated it. He suggested as a subject the first entry into Canada of the sisters from France, typifying the first nursing sisters of this country, their selfdenial and sacrifice, and also the introduction of the nursing sister of the present day, typifying their sacrifice and devotion to duty during the war; the coming over the ocean of the sisters from the Old World to help the New World; the going of our nurses of to-day from this great young country to the assistance of old, war-torn Europe. We agreed that these ideas could form the basis of a satisfactory scheme, but suggested that they should be treated symbolically rather than pictorially; he agreed.

The committee expressed themselves as favorably impressed by these suggestions, and it was then arranged that we should send to the Prime Minister a rough sketch of our proposal, showing it in its main lines. The Prime Minister will then bring the matter again before his committee immediately for final decision.

We then had dinner with the Prime Minister at the Country Club.

C. BARRY CLEVELAND,  
G. R. LARKIN.

#### DESIGNS:

This committee regrets that it has not been possible to present definite designs at this meeting. The delay in knowing where the memorial would be placed made it impossible to proceed with the securing of designs. The Business Committee is responsible for securing the designs and selecting those which promise to meet with approval. Early in the year the provincial committee were asked to suggest the name of

any sculptor whom they would like to be asked for designs. These names are all in the hands of the Business Committee. The plan of having a form of competition for designs was discussed, but the committee was advised by many connected with this form of work, and also by the Business Committee, not to have any form of competition. Several sculptors who have done outstanding work will be chosen and asked for designs. These designs being paid for at a sum agreed upon by the Business Committee and with the understanding that there is no obligation on the part of the Canadian National Association of Trained Nurses to accept any of the designs submitted. The final design will be submitted to all the provincial committees, and this committee considers it imperative that permission should be granted at this annual meeting for the National Committee to decide on the acceptance of the design after consultation with the provincial committees.

#### THE OBJECTIVE:

At the meeting of this committee on January 5th, 1922, it was decided to raise the objective to \$65,000, and this decision was later approved by the Executive of the Canadian National Association of Trained Nurses. On the basis of the number of members in the Provincial Association, the objective of each province was set. This method was not without its fault, as in some provinces the Provincial Nurses' Association does not represent all the nurses in the province. However, no better method was suggested and this plan was adopted.

Later, after further consultation with the Business Committee, it was thought that the memorial could be erected for a smaller amount. It is impossible to state the exact cost until the location is decided and until the designs are approved. For this reason this committee has not altered the objective of \$65,000 decided upon. With the exception of one province, Quebec, the fund assigned is not near completion, as the following summary will show:—

British Columbia.....	Objective assigned, \$13,000; am't sent to Treasurer, \$2,415.00
Alberta .....	" " 5,000; " " " " 170.00
Saskatchewan .....	" " 5,000; " " " " 425.00
Manitoba .....	" " 4,000; " " " " 524.00
Ontario .....	" " 24,000; " " " " 1,156.00
Quebec .....	" " 10,000; " " " " 6,030.10
New Brunswick ....	" " 2,000; " " " " 159.70
Nova Scotia .....	" " 2,000; " " " " 50.00
Prince Edward Island—	No objective: 100.15

As soon as possible, definite information as to the cost will be sent to each provincial committee, with a re-arrangement of their objective. In the meantime the funds being received are far from being sufficient for any memorial, and the provincial committees may very safely continue their activities toward attaining their objective.

The treasurer of the National Committee, Miss Katharine Davidson, has submitted her report, which this committee will include in the general report of the year's work:—



## RECEIPTS

British Columbia .....	\$2415.00
Alberta .....	170.00
Manitoba .....	524.00
Ontario .....	1156.00
Quebec .....	6030.10
Nova Scotia .....	50.00
Prince Edward Island .....	100.15
	<hr/> \$10,445.25

## EXPENDITURES

National Committee .....	78.20
	<hr/>
Balance in Bank .....	\$10,367.05
Cheque from New Brunswick not yet deposited.....	159.70
Cheque from Saskatchewan not yet deposited.....	425.00
	<hr/>
Balance on hand June 11th, 1922.....	<u><u>\$10,951.75</u></u>

## PROTEST AGAINST FORM OF MEMORIAL

A letter was received from Miss Shaw, Jeffery Hale Hospital, Quebec, expressing the fact that there was a general public disapproval of the form of the memorial. A reply was sent to Miss Shaw to the effect that the matter would be referred to the annual meeting. If any of the members would care to hear Miss Shaw's letter, it is on file and can be read.

A letter was also received from a Miss Beatrice Harvey, but as no address was enclosed, it was impossible to know, if Miss Harvey is a member of the Association and equally impossible to answer the letter.

Another protest was received from the Brandon Graduate Nurses' Association through the Manitoba Provincial Committee. This resolution is as follows:—

"Whereas, we, the members of the Brandon Association of Graduate Nurses, do most heartily approve of the erection of a suitable memorial to the nursing sisters who gave their lives in the Great War and do not feel that the requested contribution of five dollars is too large, nevertheless, in view of the poverty and distress existing in many sections of our Dominion at this time, as well as in other countries, be it therefore resolved that the expenditure of \$65,000 for a marble monument cannot be approved of, and would recommend that, in view of the period already elapsed, the matter be given still further consideration regarding the advisability of substituting a "living" monument in the form of an endowment for educational purposes from which continuous benefit would be derived, or by combining it with a less pretentious monument or tablet fittingly inscribed."

In discussing the advisability of presenting this resolution at this

meeting, this committee decided that the resolution was not sufficiently definite to form a basis for discussion, and the Brandon Graduate Nurses' Association was written to, asking them to have their representative speak to the resolution and be prepared to give in a more detailed, concrete form the plan for working out the memorial suggested.

This committee would suggest that the Association first decide the advisability of opening the question for discussion after the action taken at the last annual meeting, the carrying out of which has been the work of this committee and the provincial committees during the past year. After the general principle involved is decided, special resolutions could be dealt with if the Association so decides.

#### PUBLICATION OF NAMES OF SUBSCRIBERS IN THE "CANADIAN NURSE."

The provincial committees were asked to consider this question and to come prepared to discuss it and decide at this annual meeting. The editor of the *Canadian Nurse* was asked to consider the possibility of publishing this list of names and subscriptions. The editor suggests that, if the nurses names are published, the provincial organizations be asked to pay for the space required, the cost averaging about \$3.50 per page.

Some of the provincial committees have sent their opinion, which may be of interest to the members: British Columbia, Quebec, Nova Scotia, and New Brunswick are not in favor of publishing subscriptions; Ontario is not in favor but would compromise in publishing the total amounts from the different nursing organizations. The other provinces have not expressed any opinion.

#### THE WAYS AND MEANS COMMITTEE

Miss Potts was appointed convenor of this committee, and each provincial committee was asked to appoint a member to represent the Province. There is no special report to make. The committee served as a medium through which suggestions could be made to the provincial committees. Each provincial committee has now organized and the campaign is well planned in each province.

#### PUBLICITY

Miss Matheson was appointed convenor of this committee. The same plan was adopted for forming a committee. The publicity has been done to a very large extent by the provincial committees, very little direct publicity being planned by the National Committee. Articles for publication have been sent to the *American Journal of Nursing* and to the *Public Health Nurse* in order to inform the Canadian nurses living in the United States that the memorial is being planned and telling where subscriptions may be sent. This Committee has published monthly reports in the



*Canadian Nurse*. The fact that the editor has given this material the front pages of the magazine is very much appreciated.

#### REPORTS FROM PROVINCIAL COMMITTEES

This committee considered it advisable to include in this general report a short summarized report from each provincial committee, as plans adopted in one province may prove of assistance to some other province:—

**BRITISH COLUMBIA**—Letters have been sent to (a) superintendents of training schools asking them to interest the student nurses to give their support, (b) hospital boards, (c) local nursing organizations asking them to contribute as an association and also to canvass all members for individual contribution, (d) to all members of the Graduate Nurses' Associations asking for a contribution of \$5.00. In addition, some entertainments for the summer months have been planned by the Provincial Committee.

**ALBERTA**—The Medicine Hat Graduate Nurses' Association is asking each member to be responsible for securing a contribution of \$10.00, \$5.00 of which will be her personal contribution. This committee has written to all former members of the Graduate Nurses' Association now resident in United States. No definite information as to plans for publicity were submitted from this committee.

**SASKATCHEWAN**—This Committee plans to secure all funds from nurses. Members of the Graduate Nurses' Association have been asked for a personal contribution of \$5.00. The publicity has been given in all the newspapers in the province through the interest and assistance of Commissioner Kerr, of the Red Cross Society. All expenses incurred in the Memorial campaign is being paid by the Graduate Nurses' Association.

**MANITOBA**—Letters have been sent to the Superintendents of the hospitals and to all nurses in the province. This committee reports that very few individual subscriptions have been received; nearly all the fund has been subscribed by the nursing organizations. The committee is planning a personal canvass of all nurses living in Winnipeg and vicinity.

**ONTARIO**—Letters have been sent to (a) all nursing organizations in the province, (b) all individual members of the Graduate Nurses' Association, (c) superintendents of training schools in the province, (d) all public health nurses engaged by governmental departments, (e) matrons of military hospitals. In addition, the local newspapers in 207 towns published an article, while the *Toronto Globe* and *Star* gave the memorial a very good write up. The Graduate Nurses' Association is sending speakers to any nursing organization if requested.

**QUEBEC**—This so far is our banner province, and this committee thinks Quebec should have a very hearty applause for the success of their work, as every member knows the work that must have been done to make this result possible. The Provincial Committee reports very good publicity through the press, both English and French. Letters have been sent to all superintendents of training schools. A

special effort has been made to reach the nurses who are not members of any nursing organization.

NEW BRUNSWICK—This committee has not reported as to methods adopted for publicity. The members of the Graduate Nurses' Association are interested in raising the amount assigned. One outstanding fact which should be reported about this committee is the fact that in the beginning this province was not in favor of the form of the memorial. However, when the whole development was explained this committee very sportingly accepted the decision of the majority, and the members have been most whole-hearted and enthusiastic in their support.

NOVA SCOTIA—Letters have been sent to all superintendents of hospitals and to all nurses in the province. The convenor of the committee reports that the memorial has not progressed as rapidly as it might, as the Graduate Nurses' Association has just completed raising a fund of \$2,000 to endow a memorial cot, and also \$200 for a memorial tablet. The committee feels sure that the memorial objective will be reached.

PRINCE EDWARD ISLAND—This province was later in organizing than the rest of the provinces, but has done a good deal since its organization. Letters have been sent to all nurses, both in the province and to other countries. Girls from this province who have left to train in hospitals in other countries or provinces have been written to; special entertainments are planned by the Provincial Committee.

In closing this report, after reporting the progress made, this committee considers it fitting for us as Canadian nurses to give a little thought to those of our members who gave up their lives, making the supreme sacrifice for this Canada of ours. Many of them are known to the members assembled here, graduates from the same schools and perhaps in some cases class mates. The names of those who died in the British service have not yet been received.

In the Canadian Army Medical Corps Service we find the names of: Nursing Sister Baker, graduate of St. Luke's Hospital, New York; Nursing Sister A. St. C. Dagg, graduate of Winnipeg General Hospital; Nursing Sister L. A. Davis, graduate of Western Hospital, Toronto; Nursing Sister A. F. Forneri, graduate of Lady Stanley Hospital, Ottawa; Nursing Sister M. E. Green, graduate of Medicine Hat Hospital, Alberta; Nursing Sister S. E. Garbutt, graduate of Ross Memorial Hospital, Lindsay, Ont.; Nursing Sister J. B. Jaggard, graduate of Massachusetts General Hospital; Nursing Sister L. M. Jenner, graduate of Winnipeg General Hospital; Nursing Sister V. B. Hennan, graduate of General Hospital, Brandon, Manitoba; Nursing Sister J. N. King, graduate of Royal Jubilee Hospital, Victoria; Nursing Sister I. L. Kelly, graduate of Galt General Hospital, Ontario; Nursing Sister E. V. McKay, graduate of Grace Hospital, Toronto; Nursing Sister R. McIntosh, graduate of Victoria General Hospital, Halifax; Nursing Sister F. E. Munro, graduate of Boston City Hospital; Nursing Sister Etta Sparks, graduate of Boston City Hospital; Nursing Sister A. A. Tupper (winner of Royal Red Cross), graduate of M. P. General Hospital, Concord, N.H.; Nursing Sister, A. E. Whitley, graduate of Cleveland General and St. Luke's Hospitals, Cleveland, Ohio; Nursing Sister A. J. Ross,



graduate of Winnipeg General Hospital; Nursing Sister Margaret Lowe, graduate of Winnipeg General Hospital; Nursing Sister G. M. Wake, graduate of Royal Jubilee Hospital, Victoria; Nursing Sister D. M. Y. Baldwin, graduate of Victoria Hospital, London, Ontario; Nursing Sister A. McPherson, graduate of St. Boniface Hospital, Manitoba; Nursing Sister K. M. McDonald, graduate of Victoria Hospital, London, Ontario; Nursing Sister E. L. Pringle, graduate of Vancouver General Hospital; Nursing Sister C. Campbell, graduate of Victoria, British Columbia; Nursing Sister A. Dussault, graduate of Royal Victoria Hospital, Montreal; Nursing Sister C. J. Douglas, graduate of Pennsylvania Hospital, Philadelphia; Army Matron M. H. Fraser, graduate of Lady Stanley Hospital, Ottawa; Nursing Sister N. A. Follette, graduate of Victoria General Hospital, Halifax; Nursing Sister M. K. Gallagher, graduate of General Protestant Hospital, Ottawa; Nursing Sister J. M. McDiarmid, graduate of Kingston General Hospital; Nursing Sister M. A. McKenzie, graduate of Rochester City Hospital; Nursing Sister R. McLean, (winner of Royal Red Cross) graduate of Newport Hospital, Rhode Island; Nursing Sister M. J. Fortescue, graduate of Montreal General Hospital; Nursing Sister M. B. Sampson, graduate of Hamilton City Hospital; Nursing Sister G. I. Sare, graduate of Montreal General Hospital; Nursing Sister K. J. Stammers, graduate of St. John General Public Hospital, New Brunswick; Nursing Sister Templeman, graduate of St. Luke's Hospital, St. Paul, Minnesota; Nursing Sister H. Mellett, graduate of Victoria Hospital, London, Ontario.

In the American Nurse Corps we find the names of: Nursing Sister H. G. Brown, graduate of Roosevelt Hospital; Nursing Sister F. B. Graham, graduate of Roosevelt Hospital; Nursing Sister J. McIntosh, graduate of Laconia Hospital, North Hampshire; Nursing Sister L. McKay, graduate of St. Christopher's Hospital, Philadelphia; Nursing Sister H. M. Newkirk, graduate of White Cross Sanitarium, Jackson, Michigan; Nursing Sister M. L. Overend, graduate of Mount Sinai Hospital; Nursing Sister E. Symmes, graduate of Bellevue Hospital; Nursing Sister A. W. Walker, graduate of City Hospital, Quincy, Massachusetts; Nursing Sister A. K. Welsh, graduate of Faulkner Hospital, Jamaica Plains, Massachusetts; Nursing Sister A. B. West, graduate of Massachusetts General Hospital; Nursing Sister L. V. Whiteside, graduate of Ashbury Methodist Hospital, Minneapolis; Nursing Sister D. E. Higgins, graduate of St. John's Hospital, Cheyenne, Wyoming.

The passage from "In Flander's Fields," that has proved a challenge to the whole civilized world, is just as essentially a challenge to us, as nurses, from those of our number who are no longer with us and have given their lives for their country and for the honor of our profession:

"To you, from falling hands, we throw the torch;  
Be yours to hold it high."

JEAN I. GUNN, Chairman,

June, 1922.

National Memorial Committee.

Summary of action taken by the C.N.A.T.N., on the report of the National Memorial Committee, at the annual meeting in Edmonton, June 19-22, 1922:—

The resolution from the Brandon Graduate Nurses' Association re

the changing of the form of the memorial was discussed. The meeting voted to ratify the action taken at the last annual meeting in Quebec, and to carry through the plans for the memorial as decided at that time.

The delegate from the Brandon Graduate Nurses' Association reported that this organization has expressed willingness to assist and do its share towards the general fund.

The selection of the final design was left to the National Committee, after consulting with all the provincial committees. The voting strength of the provincial committees will be estimated according to the numerical strength in membership in the C.N.A.T.N., upon which basis the objective was assigned to each province.

It was unanimously decided not to publish a list of subscribers in the *Canadian Nurse*.

It was decided to endeavor to have all funds in the hands of the National Treasurer not later than December 31st, 1922. A hearty vote of thanks was given the National Committee for the work done throughout the year.

JEAN I. GUNN, Chairman,  
National Memorial Committee.

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### Arrangements Committee

In presenting the report from the Arrangements Committee, I might say that when I accepted the invitation from the C.N.A.T.N. and the C.A.N.E. to act as convenor, I felt that I was undertaking a great deal; however, when we were requested to dispense with functions which should interfere with the business of these organizations, it did not appear so much, and I must say that to the other members of the committee who have worked so well a great deal is due, and we feel if the delegates and visitors enjoy the days spent in our city we will be amply rewarded.

The programme of the C.N.A.T.N. announces the luncheons for Tuesday, Wednesday and Thursday, which will stand, the first mentioned being at the Y.W.C.A. at 12.45 p.m. The two latter at the Hotel at 12.30 p.m. On Tuesday cars will be at the hotel at 4 p.m. to take delegates to Government House, and a street car will be at Government House at 6.10 p.m.

On Thursday evening a drive has been arranged by the University; cars will be at the hotel at 7 p.m. Friday, instead of the luncheon at noon, there will be a dinner in the hotel at 6 p.m., given by the Board of Trade, and, if the evening is fine, a drive afterwards. Miss Hersey very kindly allowed us to arrange for Friday p.m. and the C.A.N.E. would re-arrange their programme. If the graduates of the different schools wish to arrange a dinner or luncheon, they could do so on Wednesday evening or Friday at noon.

Respectfully submitted,

K. MANSON,  
Convenor Arrangement Committee.



### Report of McGill Scholarship Committee

Madam President, Delegates to the Canadian National Association of Trained Nurses, and Members of the Affiliated Organizations:

I beg to submit a short report of the Special Committee appointed to select a candidate for the McGill Scholarship. The Committee consisted of Miss Hersey, Miss Randal (Secretary) and Miss Gray (Convenor).

Publicity was given through the *Canadian Nurse*. Owing to a misunderstanding upon the part of both the Secretary and Convenor, the scholarship was announced first as open only to nurses desiring to take the course in Institutional Management, or the one for Instruction of Nurses. This was later corrected to include the Public Health Course. The time was, however, very short for any adequate publicity.

Letters of inquiry were received from only five nurses. Only one application was, however, completed—that of Miss Jean Wilson, who, as recipient of the scholarship, has successfully completed the one-year course in Institutional Management.

Respectfully submitted,

MABEL F. GRAY,  
Convenor.

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### Archivist's Report

Ottawa, Ont., May 30, 1922.

Miss E. MacP. Dickson,

President, Canadian National Association of Trained Nurses:

Dear Miss Dickson,—

Although I have done considerable work in connection with the archives of the C.N.A.T.N., it is not of the nature that could be put into the form of a report.

I do not believe you or I (I know I didn't) realized the great amount of writing involved in the copying of the material relative to the C.N.A.T.N., from the *Canadian Nurse* magazines we borrowed from the Hospital for Sick Children.

I copied the information contained in the 1912, 1913, 1916 and 1919 numbers—but the years 1914 and 1917 combined meant copying at least one hundred pages. When I encountered this snag, I realized we were trying to keep archives in a very cumbersome and unsystematic way, so I went to see Mr. Doughty, Dominion Archivist, for suggestions. He was away at the time, but the Librarian, who is also Archivist for three International organizations, gave me some suggestions which, if carried out, should make our archives very complete and worth while. Of course there

will be some expenditure involved, but I think the result would justify any money spent.

One suggestion was that an extra copy of the *Canadian Nurse* magazine be sent to the Archivist monthly to be stored with the archives, and in this connection it was also suggested that all back numbers be obtained, and if this is not possible, the only way is to continue as we are at present, viz., copy information from the magazines available. This means a lot of writing, which will take unlimited time, and, if typewritten, the expense will be great—and in the end not very satisfactory.

Also, that all correspondence, reports and any material relating to the Association be turned over to the archivist at the end of the year, to be indexed and filed.

Miss Dickson, I wonder if you would ask some person to be responsible for sending me the Edmonton newspapers giving an account of the Convention—also a badge and any photographs that may be taken.

I expect to be away from Ottawa during the months of July and August, and I would like some arrangement made for the safe-keeping of the archives prepared by Miss Snively, and in my possession at the present time.

I thought, perhaps, with the authority of the President, one of the Hospitals in Ottawa would be glad to keep this volume until I return, or perhaps you might suggest something better.

Yours very truly,

FLORENCE J. POTTS,  
Archivist.

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### **Report of the Annual Meeting of the Social Service Council of Canada**

Winnipeg, Man.  
June 13th, 1922.

To the President and Members of the Canadian National Association of Trained Nurses:

I have the honor to present to you now the report of the annual meeting of the Social Service Council of Canada, which was held on January 24-26th, inclusive, in Knox Church, Winnipeg; this Association being represented by ten delegates.

As requested by our President, the delegates were selected locally, and were Miss Russell, Superintendent of Nurses, Provincial Board of Health, and Miss Wells, her Assistant; Miss Elsie Wilson, Convenor of Committee on Public Health, C.N.A.T.N.; Miss M. E. Martin, President M. A. G. N.; Miss Kinder, Superintendent Children's Hospital of Win-



nipeg; Miss Christine MacLeod, Assistant Superintendent, Brandon General Hospital; the Presidents of the Alumnae Associations of the Winnipeg General Hospital, St. Boniface Hospital and Children's Hospital of Winnipeg and Brandon General Hospital, and Miss A. S. Gilroy. The delegates from Brandon were unable to attend.

Delegates were present at each session.

The addresses delivered at the evening meetings on Social Welfare in its various phases were inspiring, and one regretted that so few of our members were permitted to hear them.

In his opening address, the President, Very Rev. Dean Tucker, stated that the Council, as its name implies, makes its appeal to the men and women of Canada to serve their fellow-men as never before. Service for the common good must be the watchword for individuals and for nations if the world is to recover from the disastrous affects of the war.

The methods used by the Council are: (1) The promotion of legislation; (2) Law enforcement, and (3) Education—of which the last named is the greatest, for on this depends the enlightenment and formation of public opinion which may be accomplished through the scientific study of the questions of the day; by wise and judicious propaganda, and by the public discussion of social questions.

Results are being observed in the changed attitude of people to-day towards social questions. Briefly, the results of legislation to date are: (1) The formation of a Department of Health; (2) establishment of a Children's Bureau; (3) provision for the widows with small children; (4) the Enfranchisement of Women, and (5) the abolition of the patronage system.

Very eloquently the President pointed out that the most powerful influence in the world to-day is the silent, irresistible advance of Christian civilization.

Informing reports were presented on "Motion Pictures, Industrial Life and Immigration, Indian Affairs, Child Welfare, Divorce and Gambling."

At the conclusion of the report on Indian Affairs, considerable discussion took place on the many phases of this interesting subject. Very gratifying results have been obtained, which showed that the efforts to educate the Indian and to make him a valuable citizen of Canada have been eminently worth while.

"The recent establishment by the Department (of Indian Affairs) of a class of Travelling Nurses with headquarters at Regina, is noted with satisfaction. These nurses are to visit reserves and schools, investigate health conditions, and give instruction to Indians and pupils on health and sanitation."

The question was raised by a delegate (a member of the I.O.D.E.

of one of the western provinces) of the entrance of Indian girls into schools of nursing to take a nurse's training—should they be debarred? Those most conversant with Indian Affairs felt they should not be debarred. It was stated that steps were to be taken to bring about a change. As it was late further discussion was prevented by adjournment. Sufficient was said, however, to indicate the question will come up again for discussion. The Department reports the appointment of a Superintendent of Indian Education as a forward step.

Resolutions were presented. The one relating to Child Welfare read: "That every pressure be brought to bear upon the Governments, Provincial and Federal, to the end that some co-operative scheme should be worked out by the two whereby medical and nursing services might be supplied to outlying districts by bonusing a doctor to go into these districts under the direction of the Provincial Governments, so that there should be in each province at least as many representatives in the health and nursing services as there are to-day agricultural representatives."

Resolutions re the establishment of a measure of reciprocity between the provinces in relation to mothers' allowances, re gambling and prohibition, as well as many others, were presented.

This all emphasizes the fact that as nurses we have great opportunities to serve our day and generation; indeed, if we but bear in mind the teachings of our beloved founder, Florence Nightingale, we shall be in the front rank of social reformers.

Respectfully submitted,

A. E. GILROY, R.N.

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### **Report on Nursing Progress**

In presenting the report on Nursing Progress, I regret to say that the response from some of the provinces has been less enthusiastic than on the previous two years in which I have been convenor. It is difficult to say what the reasons are for this failure to respond.

The progress recorded in the reports received are real, and serves to show what may be done. It is encouraging to note the number of students entering our universities where nursing courses are available in order to prepare for educational work in connection with training schools or public health activities.

The cordiality with which universities are responding to our appeals for assistance in improving our educational standards is most encouraging.

In analyzing the work of the past year, we notice our policies have developed in a remarkable degree, and things are actually happening in our profession which seemed an impossibility a few years ago. We have,



however, still many difficult situations to be met, but there is a spirit of encouragement and optimism existing in our minds to-day, and we have every reason to hope for greater development during the next year.

The following convenors have reported on Nursing Progress in their respective provinces:— Miss H. Randal, British Columbia; Miss S. A. Barrington, Nova Scotia; Rev. Mother Allaire, Saskatchewan; Miss C. F. Fairlie, Ontario; Miss Samuel, Quebec; and Miss Meiklejohn, New Brunswick.

Alberta, Manitoba and Prince Edward Island did not send reports.

#### BRITISH COLUMBIA

During the past year the principal feature in our Provincial Association was the awarding of a Scholarship of \$1000.00 to Miss Mary Campbell, R.N., which enabled her to take the full Academic year in the Public Health Nursing course at the University of Toronto. The semi-annual examinations for the R.N. certificate were held in May and November, 1921. Written examinations under deputy examiners were held in any Training School where candidates presented themselves. A marked feature in these examinations was the close average mark of all who took them; size of school, etc., appeared to make little difference in results.

The inspection of schools, paid for by our Provincial Association, has been continued, and we feel that it is a very important feature of our work. Standardized records for the Training Schools are in most of them and will be in all shortly.

The Public Health Nursing course at the U.B.C. was increased to the full Academic term of one year, with 14 nurses taking it—eight holding the V.O.N. Scholarships.

The combined course at the University (five years between hospital and university) has 20 students enrolled. The first class will graduate in 1923. 289 nurses registered during the year.

#### NOVA SCOTIA

There has been a very marked improvement in Nursing Progress in Nova Scotia during the past year. At present, first in the minds of every nurse is the fact that the "Registration Bill" for nurses in this Province has passed the Provincial House of Assembly and become law, thus Nova Scotia ranks with the other provinces in the Dominion. The passing of the Act ends quite a long struggle, as it was first introduced before the war; during the war it was laid aside to be again introduced when peace was declared. Since then, steady work has been done, and this year success crowned the efforts made, and the Committee are to be congratulated.

All through our Province the people are awakening to the import-

ance of Public Health Nursing, and the Public Health nurse has come to stay with us. There are also a number of small hospitals, of between 20 and 30 beds, being built in various parts of the Province; these will give better nursing service to the country towns and outlying districts. A new private pavilion has been added to the Victoria General Hospital, which fills a great need in the community.

The Salvation Army Maternity Hospital has been opened, and they are giving a short course in maternity work. Several small hospitals, realizing the need for better equipped nurses, are arranging for affiliated courses. On every side there seems to be a big awakening to the need for better nursing for the poor, or the man of moderate means, who cannot afford large fees and will not take nursing care or, in fact, anything for nothing. The Victorian Order is extending its work through the Province, and the Red Cross is sending out Public Health trained nurses to various counties. These nurses are teaching Public Health in country districts, where good nursing was before unknown and a mid-wife with very questionable ability was the only nurse one could call upon for help. In one of the counties, at present, there is a caravan going the rounds; tonsils and adenoids are being removed; teeth attended to, and various ills set right. Preventive nursing is fast finding its place in our Province. In the City of Halifax the Massachusetts Health Center is leading in all nursing reforms, and Health Center No. 1 is always the scene of great activity. Pre-natal, well-baby, pre-school age, dental and nutrition clinics are held there. They also have a centre in Dartmouth, and the building for the permanent centre is now under way. This will give Halifax a good nursing service before long. The school nursing is also growing; when one nurse started the work a few years ago, there are now four in the field here, as well as in other parts of the Province. They all do good work. This year eight nurses took the Public Health course at Dalhousie University, and will be added to those already in the field. Nova Scotia is looking forward to the day when its nursing progress will make itself felt as a power for good all over the Province.

#### SASKATCHEWAN

At the Convention held in Regina, last November, measures were taken to organize for a summer course in methods of teaching in training schools. The University of Saskatchewan was asked to give the course, and kindly agreed to give a summer course to not less than ten pupils.

Information has been sent to all training schools and hospital boards asking for their co-operation. Several have accepted and are anxious to have the course. The matter is to receive more attention at our next meeting to be held in Prince Albert next June, and we feel confident that it will meet with success.

No other step has been taken to improve nursing education since



we feel that all will be gained if we have summer courses, when weak points will be touched, and difficulties lessened by its beneficial effect.

#### ONTARIO

In reporting on "Nursing Progress for Ontario," it was interesting to here that Brantford, in which city graduates from all parts of Ontario gathered for their annual meeting this year, had been the scene of very early nursing, for away down in the 16th century a French priest had penetrated this far and found Indians here who were adepts in surgery.

Among the many phases of development which has characterized medical science during the Great War, none is perhaps more noticeable than the progress in the various branches of specialized nursing. In recent years much has been done to encourage the student nurse in her preliminary training by a proper valuating system, especially in her practical work, also to make the home life and service attractive. Some schools report no shortage of applicants, but many of these applicants lack physical fitness, education and personality in a nurse.

Many of the smaller hospitals are aiming at the standard approved by the Graduate Nurses' Association of Ontario, by appointing three graduate nurses as supervisors, and small training schools and women's hospitals, to meet the requirements, are affiliating with large centers.

The Provincial President has addressed many Alumnae Associations and Chapters, and this has stimulated interest and enlightened those who needed practical advice. On the women's page of our daily papers appear articles encouraging girls to enter the nursing profession and emphasizing the duty of the nurse as an educator, and also enlightening the public on the necessity for such Acts as the Registration of Nurses.

The Province was divided into sections to further the circulation of our *Canadian Nurse* magazine, and in many towns it has been placed in libraries and other institutions.

Child Welfare work and the Well-Baby Clinic in one city is under the Victorian Order of Nurses, and a physician, who has done the clinic work for three years without compensation. This work is now being extended to include older children and will be financed by the Rotary Club.

In another town, Child Welfare Week was inaugurated and addresses given, followed by a demonstration of clinics for babies, with movie-films illustrating health conditions.

A director-general has been appointed for the Victorian Order of Nurses of Canada, to make a twelve months' survey of hospital and nursing conditions with a view to recommending such policies as will more adequately and efficiently meet present day conditions. At the same time he will be in charge of hospital standardization for a year.

The Department of Education, under the Provincial Government, is organizing a Nursing Service in which every school in the Province, either rural or city, will have health hygiene taught to all pupils and "Home Nursing" in the senior grade. The extension of this work is increasing rapidly. In some schools milk is given to children of poor physical development; in some, a hot mid-day lunch has been introduced.

The nursing profession has become interested in promoting Junior Red Cross work, and the appointment of a nurse as director of this work shows advancement in this section of nursing. The object of this work is to teach children in the schools "Citizenship," i.e., "Good Health and Responsibility."

Community service is among the new activities; in Toronto a special committee was appointed to consider this branch, which would give instruction in home nursing and housekeeping where they were needed. Two nurses will be sent during the summer to places unattainable in winter, and their work will include supervision of recreation, home visits and first aid.

The services of the industrial nurse are now one of the assets of many large firms, and the nurses in this branch of Public Health nursing have felt that, as their work was unstandardized, benefit would be derived from meeting together. Meetings are held once a month, and so far have taken the form of a dinner at the Graduate Nurses' Club, with a free discussion of the various problems which their work presents. It is planned to have speakers address the nurses on topics allied to their work,

The Provincial Department has recently established eight nursing districts with two nurses for each. In one district 3000 square miles of territory is covered.

The Private Duty nurses have throughout the year worked strenuously on a plan, the outline being: (1) Better nursing service for the man of moderate means; (2) Insurance for nurses, sick and accident policy; (3) Pensions; (4) Press; (5) Nurse education; (6) Investigation Committee. Any irregularities in nursing profession in the Province

"Relief Work," in case of disaster, has been organized, known as "The Red Cross Emergency Service." Nurses, to be eligible for enrollment, should be members of the G.N.A.O. Some centres have already organized and are ready for service.

Our nurses are sharing in the war memorial to be erected in memory of their sisters who served and fell overseas.

A new Bill cited as "The Registration of Nurses Act, 1922," has been introduced into the Legislature.

The second course in Public Health Nursing at Toronto University is now in progress, and for this many scholarships have been given, \$350.00 being contributed by an association for an alumnae to take the



course; hospital boards have given four scholarships for the instructors' course; and for one year the G. N. A. O. will provide a scholarship for a nurse from a training school outside of the city of Toronto, specifying rural public health nursing on completion of course.

One association contributed \$1,500.00 to a children's hospital, another reported the establishment of a "Nurses' Forum," special note being made of treating tubercular cases.

In these activities and developments the whole-hearted co-operation of the individual nurse will do much to assure success.

Never has the need for specialized nursing been more emphasized, and surely it would be most natural to expect that the interest now aroused will continue to increase.

#### NEW BRUNSWICK

Sent regrets, but no report, as apparently little or nothing had been done during the year.

#### QUEBEC

During the past year a general and sustained interest has been shown and, in some instances, definite progress made in maintaining and advancing nursing standards in this Province.

Early last summer all hospitals maintaining Training Schools for Nurses (exclusive of those in the City of Montreal) were visited by a representative of the Executive Committee of the Registered Nurses' Association and much necessary information obtained regarding the present status of nursing education, particularly in the French schools by sisters. Details of this inspection will be found in the visitor's report, but the following suggestions were made to the Association as a result of the first survey:—

1. That a suggested minimum curriculum be prepared for use in all schools.
2. That a uniform method of keeping all records be established.
3. That more uniform methods be used in practical procedures; and
4. That shorter hours of ward duty be arranged, especially in the French schools.

The Superintendent or Directress of Nurses was, in every case, a registered nurse in this Province.

The Executive Committee, acting on the first suggestion, appointed a special committee to prepare a minimum curriculum, which has recently been completed and issued, tentatively, the schools being asked to give it a trial and later report to the Executive Committee. As yet, this curriculum has only been prepared in English, but it is the inten-

tion of the committee to have the French translation made as soon as a decision has been reached as to its adoption, either in its present form or with changes that may be found necessary for its practical use to the majority.

In order to promote more uniform methods in the teaching of practical procedures, the Registered Nurses' Association arranged that three demonstrations be given during the year by students in the Montreal General, the Royal Victoria and the Western Hospitals. These were well attended and great interest shown, particularly by sisters from the different French hospitals. At a general meeting of the Association held at the Hotel Dieu, a very interesting address was given by one of the chaplains of the institution on 'Jeanne Mance,' whose name, by the way, is almost as much a household word with French nurses in the Province of Quebec as is that of Florence Nightingale with our English members of the profession.

In the General Hospital, Sherbrooke, P. Q., a new diet kitchen has been installed with a specially equipped, up-to-date laboratory for the instruction of dietetics and invalid cooking to its students. In order to meet the requirements of the Association for registration of its graduates, the Women's Hospital, Montreal, has arranged an affiliation with the Kingston General Hospital by which their students will have one year's experience (the third) in the care of medical and surgical cases, also children. The students from the Kingston Hospital are to come to the Women's Hospital for training in Obstetrics.

The Western Hospital, Montreal, has begun to admit students in classes and are organizing a preliminary term, while the Jeffery Hale, Quebec, has appointed two graduates of the School for Graduate Nurses, McGill University, to its staff as Instructors in Theory and Practice.

A special scholarship for the Public Health course at McGill has been endowed and given to the Montreal General Hospital Training School in memory of one of its distinguished and devoted graduates, Miss Mildred Forbes, to whose memory, also, a tablet was recently unveiled in the nurses' residence by Miss Macdonald, Matron-in-Chief of the C. A. M. C. At the annual meeting of the Registered Nurses' Association, it was voted to again offer a scholarship for the course for graduate nurses at McGill University for the year 1922-23.

The School for Graduate Nurses, a department of McGill University, received public recognition at the recent general convocation, when twenty members of the class of 1922 were presented by Miss Shaw, the Director, to the Principal and Vice-Chancellor, Sir Arthur Currie, for their certificates.

FLORENCE J. POTTS,  
National Convenor, Committee on Nursing Progress.



### Report of Membership Committee

Calgary, Alberta,  
June 19th, 1922.

The following Associations applied for membership with the C.N. A.T.N. during the past year: The Moose Jaw Graduate Nurses' Association, Moose Jaw, Sask.; the Florence Nightingale Association of Graduate Nurses, Ottawa; the Lady Stanley Institute Alumnae Association, Ottawa.

Respectfully submitted,

L. M. EDY,  
Convenor.

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### Report of Nominating Committee

I beg to submit herewith the report of the Nominating Committee of the C. N. A. T. N. for 1921-1922, also the nominations for officers for 1922-1923.

In January, 1922, nomination blanks were sent to all affiliated organizations whose names appeared on the list provided by the Secretary—fifty-two in all. According to the provisions of our by-laws, nominations were received up to April 19th, which date preceded the Convention by two months. I regret to state that up to this time only twenty-three (23) organizations—less than half our membership—responded. Three associations have since sent in their nominations—too late, of course, for consideration.

I would like to point out some conditions which make the work of the Nominating Committee difficult, particularly as I notice by the proposed amendments that there is to be no change in this respect.

I found that the period of one month allowed between the time up to which the nominations were received and the time when they must be sent out to affiliated associations altogether too short, when one considers that people all over the Dominion have to be communicated with, in some cases, twice. For instance, our regulations state that the two receiving the highest number of nominations for any office shall stand for that office, if willing. This year, two nurses received the highest nominations for three different offices. Replies had to be received from them before anyone else could be asked to receive nomination for the offices they refused. This entailed sending letters across the continent twice, and, in addition to the time that took, was the usual delay of a few days in replying. For a time it looked as though it would be impossible to get the nominations out in time. Then again, no instructions are given in case of a tie in nominations. For one office, eight different people held third place—fortunately the two high-

est accepted. Had either of them refused, what would have happened? This occurred in the case of Councillors in two provinces, and I have submitted all names.

Another difficulty is that the Nominating Committee appear to be expected to know by instinct which Miss Smith, Miss Jones, Miss Black or Miss Hill is being nominated, no address nor initials being given.

I think, too, that the associations should do their nominees the courtesy of asking their permission before nominating them? As far as I know, only two organizations did this.

Should the proposal whereby the President and Secretary of the provincial associations become the Councillors for that province, it would simplify considerably this matter for the Nominating Committee, though it has other serious disadvantages. From one province alone, this year, eighteen people were nominated for Councillors.

To my mind the lack of interest on the part of fifty per cent. of our affiliated associations in not even nominating officers is an indication of a very serious lack, either in the C.N.A.T.N. or the associations themselves. I trust that this condition will be brought to the attention of the C. N. A. T. N. and an effort made to discover and eliminate the cause. The C. N. A. T. N. will never be truly national so long as such apathy and indifference exists among its members.

The following names were on the final list of nominations for office: President, Miss Jean Browne; 1st Vice-President, Misses E. I. Johns, M. I. Foy; 2nd Vice-President, Misses K. Matheson, E. G. Breeze; Secretary, Miss M. Gray; Treasurer, Miss J. Wilson. Councillors—British Columbia, Misses J. F. Mackenzie, H. Randal; Alberta, Misses McPhedran, Kelly, Edy, Auger, Mrs. Lee; Saskatchewan; President Saskatchewan R. N. A., Sister Raphael; Manitoba, Misses S. Persis Johnson, Isabel Jeffers; Ontario, Misses G. Fairley, E. Jamieson, K. Russel, E. MacP Dickson; Quebec, Misses S. E. Young, M. Hersey; New Brunswick, Misses M. Murdoch, A. J. McMasters; Nova Scotia, no nominations received; Prince Edward Island, no nominations received.

Yours Sincerely,

ELIZABETH G. BREEZE, R. N.,  
Convenor Nominating Committee C.N.A.T.N.





## The Edmonton Convention

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A large attendance of delegates and visitors was seen at all the meetings of the Canadian National Association of Trained Nurses at their 1922 Convention. As usual, the difficulty with the entertainment of the visitors was to arrange how to get in all that was offered by the citizens, and, in deference to the suggestion of the President, such plans for entertainment were considered which would not conflict with the business of the week. Luncheons were given Tuesday, Wednesday and Thursday by the Alberta and Medicine Hat Graduate Nurses' Associations, the Edmonton Medical Association, and the Alberta Registered Nurses' Association. A most delightful afternoon was spent at Government House, the guests of the Lieutenant-Governor, Dr. Brett. The Medical Faculty of the University arranged for a motor trip to the New Golf links at Mayfair, finishing with an inspection of the medical buildings at the University and a delightful informal reception at one of the student's residences, where refreshments brought the evening and the entertainment of this association to a close. The guests at all of these functions were unanimous in their sentiments as to the character of the Alberta welcome given them.

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## Reports of Affiliated Organizations.

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[NOTE—Owing to the limited space at our disposal in this the Convention Number, we have been compelled to condense the following reports into the smallest space possible—Editor.]

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### Kingston General Hospital Alumnae Association Organized 1896

President, Mrs. J. C. Spence, 30 Garrett St., Kingston, Ont.; Secretary, Miss Lily Rogers, R. R. No. 1, Kingston, Ont.; Treasurer, Mrs. C. W. Mallory, 291 Johnston St., Kingston, Ont. Paid-up members, 91.

The twenty-fifth year of the K. G. H. Alumnae closes with a membership of 91, including 9 life members, 8 new members having joined this year. We deeply regret the death of one of our members, Miss Shepherd, who died last May, after a lingering illness.

During the year, six regular and two special meetings were held.

The "Canadian Nurse and Hospital Review" is subscribed for by our Alumnae for the Nurses' Home.

Two nurses are appointed monthly to visit any sick nurses and those coming to make their home in the city.

At the last annual meeting in January the following resolution was formed and sent to the Board of Governors of the K. G. H.:—"That as the Nurses' Home and its needs have grown to such an extent, the Alumnae Association find the responsibility of upkeep more than they can assume, but will always be willing to give all assistance possible.

A special meeting was called in January to decide what stand the Alumnae takes in regard to the threatened strike of nurses at the K. G. H. It was

decided that the Alumnae members go on duty should hospital nurses strike. Fortunately this was not necessary.

An Executive meeting in January voted \$100.00 for linen for the use of the Nurses' Home.

Mrs. Leggett was appointed at the March meeting to represent our Alumnae at the G. N. A. O. Convention, held in Hamilton the end of March.

Paper violets were made by the Alumnae, and tag day was held on Easter Saturday. The sum of \$605.00 was realized.

Owing to such criticism over the display at graduation, a recommendation was sent to the Board of Governors suggesting that at the graduation exercises the nurses wear the uniforms of their training school, and be not publicly presented with flowers other than those given by the Board of Governors.

A farewell tea was given in April for Misses Murdock and Gill, who were leaving for Philadelphia to take a position in a contagious hospital.

At the May Meeting the sum of \$78.00 was voted for linen for the Nurses' Home.

Miss Lily Rogers was appointed delegate to the National Convention held in Quebec.

A joint meeting of the Chapter and Alumnae was held in June to hear reports of conventions. Both reports showed the great work being done by the nursing organizations of the Province and Dominions, and emphasized the responsibility of each individual member to their Alumnae to support the splendid work being done by the nursing profession.

At Xmas. the Alumnae gave \$20.00 to Mrs. Robinson (Victorian Order nurse), to be used as she thought best for the children.

We offer our sincere thanks to all who in any way helped to make our work a success during the year.

#### Hamilton General Hospital Alumna Association

During the past year, from June 1st, 1921, to June 8th, 1922, the Alumnae Association of the Hamilton General Hospital has held ten regular meetings and four executive meetings.

The Treasurer reports the following accounts for the year 1921 of money received and spent: Total proceeds, \$868.20; expenditures, \$691.97; balance in Bank, \$176.23.

At the June meeting an excellent report of the C. N. A. T. N. held in Quebec was given by the delagate.

The September meeting was not a large one, and the business during the summer months included a contribution to the Fresh Air Fund for Children.

A lengthy discussion regarding the Alumnae fee to include the "Canadian Nurse" Magazine for one year took considerable time, and was voted on at two consecutive meetings. The decision was that the Alumnae fee would be \$5.00, including the "Canadian Nurse" Magazine for one year.

At the October meeting, following the suggestion of one of the members that the H. G. H. Alumnae Association be in some way identified with the new nurses' residence, an enthusiastic discussion showed the general feeling to be in favor of a donation along educational and recreational lines, and, on considering a library or library furnishings, it was decided that a supplementary library be added to that supplied by the Hospital Board. "A ways and means" discussion brought decisions for a bridge party in November and a bazaar in December.

The proceeds of the bridge party held on November 4th amounted to \$440.00, and the proceeds of the bazaar held December 7th amounted to \$770.75.

University scholarships and courses enjoyed by several nurses during the year include: Miss N. MacPherson, Miss McNally, Miss Squiter and Miss Hobden, at McGill University. Miss Green, Miss Wilkin, Miss Emmerson, at Edmonton University. Miss Beck, Miss Cameron and Miss Hindley, at Toronto University.

The Executive meetings of the G. N. A. O., held in Toronto during the



year, were attended by Miss M. Brennan, and reports given at the Alumnae meetings.

The Nominating Committee for election of officers for 1922 was appointed at the November meeting.

The election of officers for 1922 was held at the December meeting and are as follows: Honorary President, Miss Fairley; President, Miss M. Brennan; Vice-President, Miss B. Aitken; Recording Secretary, Miss M. Pegg; Corresponding Secretary, Miss I. Newbigging. Executive Committee: Miss Peart, Miss Vance, Miss Champ, Miss Servos.

At this meeting it was decided that \$25.00 be given Miss Hanna, Victorian Order of Nurses, to be used for relief among the poor and for Christmas cheer.

Any sick nurses of the H. G. H. Alumnae were kindly remembered at Christmas time.

The year 1921 closed with a paid-up membership of 275.

The year 1922 opened with a very large attendance.

At the February meeting it was decided that the Alumnae Association send a cheque for \$25.00 to the President of the Women's Auxillary of the General Hospital, to be used in their charitable work at the hospital. The money was spent in helping the fund, for buying milk, bread, butter and cocoa. This was served every morning during the winter months to the poor who attended the Outdoor Clinic of the General Hospital.

At the March meeting, Miss Pegg was appointed delegate to the G. N. A. O. Convention to be held in Brantford on April 20-21-22, followed by a report of the G. N. A. O. held in Brantford, and given by Miss Pegg at the May meeting.

Miss Brennan was appointed delegate to the C. N. A. T. N. Convention to be held in Edmonton in June.

It was decided at this meeting that subscriptions for the War Memorial be made individually to local treasurer, and funds increased by entertainment and not taken from the treasury. The members were urged upon to remit subscriptions promptly, and help in every possible way.

#### Lady Stanley Institute Alumnae Association, Ottawa Organized 1903

President, Mrs. C. T. Ballantyne, 199 Rideau St., Ottawa; Secretary, Hazel A. Johnson, Lady Stanley Institute, Ottawa; Treasurer, Miss Jean Blyth, 565 Rideau St., Ottawa. Paid-up members, 126.

Six regular and two executive meetings were held during the year. All members who have been ill during the year were supplied with flowers. Twenty-five dollars were donated to the Protestant Infants' Home. Christmas cheer was supplied to several families.

Thirty subscriptions were sent to the "Canadian Nurse." A one-hundred-dollar scholarship was awarded to the first graduate of this school who should take the Public Health course given at one of the universities,—Miss Elizabeth MacGibbon was the recipient,—and since completing the course, is a most enthusiastic advocate.

Our first contribution to the National Memorial to Nurses was forwarded to the Provincial Treasurer in April,—subsequent contributions have been made.

Delegates were sent to both the National and Provincial Conventions.

Affiliation has been arranged with the Local Council of Women, and with the Canadian National Association of Trained Nurses.

The annual dance was held at the Aquatic Club in November.

A bridge and five-hundred was held at the Lady Stanley Institute in March, for the purpose of the National Memorial.

At the Graduation Exercises in May, the members of the class were each presented with a copy of the "Life of Florence Nightingale" by Dr. Maude E. S. Abbott, and a special prize was given to the nurse taking the highest number of marks in practical nursing.

**The Alumnae Association of Jeffery Hale's Hospital  
Training School for Nurses, Quebec.  
Organized 1920**

President, Mrs. D. Craig, Bergerville, Que.; Secretary, Miss A. Murphy; Corresponding Secretary, Miss Annie H. Gale, 142 Ste. Cyrelle St., Quebec, P.Q.; Treasurer, Miss Muriel Fischer, Jeffery Hale's Hospital, Quebec, P.Q. Paid-up members, 65.

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**Alumnae Association of Niagara Falls Training School.  
Organized 1919.**

President, Miss Kate Prest, Stanford, Ontario; Secretary, Miss Victoria J. Carson, General Hospital, Niagara Falls, Ont.; Treasurer, Miss Bessie Secord, 24 Jepson St., Niagara Falls, Ont.; Paid-up members, 24.

Regular monthly meetings and several special meetings were held at the Nurses' Residence, with a good attendance.

A private room in the new hospital called the Nurses' Alumnae room, was furnished and equipped at an expense of about \$500.00, also a comfortable rest-room was furnished for special nurses in the hospital. Funds to carry on this work were raised by two very successful dances, home cooking sales and voluntary subscriptions from the members.

In April, 1921, we were granted affiliation with the Canadian National Association of Trained Nurses, and in April, 1922, affiliation with the Graduate Nurses' Association of Ontario.

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**Hospital for Sick Children Alumnae Association, Toronto.  
Organized 1903**

President, Mrs. G. C. Storey, 64 Evelyn Ave., Toronto; Recording Secretary, Mrs. C. F. Rogers, 130 A. Westminster Ave., Toronto; Corresponding Secretary, Miss Grindlay, 544 Huron St., Toronto; Treasurer, Miss Mathilda Fitzgerald, 41 Willard Ave., Toronto. Paid-up members, 137.

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**Riverdale Isolation Hospital Alumnae, Toronto.  
Organized 1905**

President, Miss I. Nichol, 767 Gerrard St. E., Toronto, Ont.; Secretary, Miss G. Gastrell, Riverdale Isolation Hospital, Toronto; Treasurer, Miss R. Shields, Riverdale Isolation Hospital, Toronto. Paid-up members, 54.

During the year five regular meetings of the Alumnae were held. At the annual meeting in February it was decided to raise the fee to \$2.50 on account of the increasing demand upon the treasury.

Our contribution of \$240.00 toward the War Memorial Fund was raised by voluntary subscription and a sale of work. A contribution of \$25.00 was made in April to the Russian Fund.

The question of scholarship has been discussed, and it is hoped that in the near future we will be able to provide for one.

Our delegates to the G.N.A.O. Convention in Hamilton and the C.N.A.T.N. Convention in Quebec gave very instructive and interesting addresses on their return.

Among many interesting addresses given throughout the year, Dr. Fleming, of the Department of Public Health, Toronto, spoke on the "Aim, development and work of the Public Health Department of the City." Mrs. (Alderman) Sidney Small gave an instructive and inspiring address on "Citizenship." A paper on "Transfusion" was read by a pupil nurse.

Through the kindness of Miss Norwich, one of our graduates who served with the American Red Cross doing reconstruction work for eighteen months after the war, the Alumnae were enabled to hold a very successful tea and display of Serbian, Ruthenian, Roumanian and Turkish handicraft. Miss Norwich had many interesting tales of her treasurers.



**Toronto Free Hospital Alumnae Association**  
**Organized 1914.**

President, Miss Jean Bryden, Toronto Free Hospital, Weston, Ont.; Vice-President, Mrs. Foster, Dundas St., Toronto; Secretary (acting), Miss Margaret Lennie, T.F.H.C., Toronto Free Hospital, Weston, Ont.; Treasurer, Miss Margaret Lennie, Toronto Free Hospital, Weston, Ont. Paid-up members, 65.

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**St. Boniface Nurses' Alumnae Association**  
**Organized 1910.**

President, Stella Gordon, 251 Stradbroke Ave., Winnipeg, Man.; Secretary, Lillabell McEwan, 277 Toronto St., Winnipeg, Man.; Treasurer, Maud Wannacott, 486 Clifton St., Winnipeg, Man. Paid-up members, 60.

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**Toronto Western Hospital Alumnae Association**  
**Organized 1904.**

President, Miss Jessie Cooper, 754 Bathurst St., Toronto; Secretary-Treasurer, Mrs. Ethel T. Bell, 71 Indian Rd. Crescent, Toronto. Paid-up members, 75.

Madam Chairman, Ladies and Gentlemen: I have the honor to present the annual report of the T.W.H.A.A. To date we have 286 graduates with an average enrolment of 100 members belonging to their Alumnae. Twenty-five of these will pay a non-resident fee.

This year, on account of the affiliated association raising their fee, we were obliged to do likewise with the understanding that non-residents of Ontario for one year pay half. We felt that as an association we could not expect these outside members who had other obligations to meet in connection with other associations, and did not enjoy the privilege of Home Alumnae, to pay full fee.

The Alumnae meet the first Friday in each month, the Secretary notifying the members of these meetings; seventy-five in number, with an average attendance of thirty, being present. These are not always business meetings, usually mixing social and entertainment with business.

During the year we have had several interesting speakers. In November, Mrs. Smithers, President of the Toronto Chapter of the G.N.A.O., spoke on the different organizations of the Dominion and their relationship to each other, clearing up a number of points not fully understood by the Alumnae. In April, Miss Edge, of the Central Registry, gave a very instructive talk on Relationship of Alumnae to Hospital, Canadian National Association, Registration, and Insurance for Nurses, also explaining points not understood by Alumnae in regard to Private Duty nurses, etc. Mrs. Bright, of the Social Service Exchange (a member of our Alumnae), gave a synopsis of her work, which was greatly enjoyed. Miss Butchard, our representative to the G.N.A.O., very ably explained the war memorial, giving the nurses a much clearer vision on it. In December we revised our constitutions, one article being that our Alumnae year end the same time as other organizations.

We have for some time had an Alumnae ward in which any nurse who was in good standing in her Alumnae, and by paying half fees to hospital, could use when ill, a portion of the Alumnae fee being used for this purpose (the upkeep of the ward). Any nurse who is indisposed is sent flowers. At our March meeting we decided to further assist one of our graduates who is in very poor health. A cheque for One Hundred Dollars (\$100.00) being forwarded to her to assist her to regain her lost health.

Last year we made one of our first graduates a life member of our Alumnae. This year, making the second graduate a life member, a bridge being given to raise money for this purpose. We have three life members to date, Miss Lena Davis, who died as the result of overseas service, being the first member. We hope in the near future to increase our life membership.

Financially we are in a fairly good condition, meeting and keeping our obligation cheerfully.

### St. Joseph's Hospital, Hamilton, Ont.

#### Organized 1917.

President, Miss E. Kelly, 250 Hughson St., N., Hamilton; Secretary, Miss M. McClarty, 774 King St., E., Toronto; Treasurer, Miss A. Maloney, 31 Erie Ave., Toronto. Paid-up members, 51.

We now have 65 members, including 14 sisters. Our meetings are held first Tuesday of the month at 4 p.m. The average attendance is 10 members; number of regular meetings, 10; special meetings, 5; executive meetings, 2.

To make our meetings of special interest, we have specialists lecture on interesting topics, which we find very beneficial.

During the year we have held one dance and a card party in aid of the nurses' new home. A linen shower was also held at the nurses' residence by the Women's Guild, at which the Alumnae assisted. We contributed individual donations also.

A fund is set aside for sick and disabled members, also for deserving charitable cases throughout the city.

### St. Luke's General Hospital, Ottawa, Ont.

#### Organized 1904.

President, Miss M. Moore, St. Luke's Hospital, Ottawa; Secretary, E. Grace Woods, 27 Roseberry Ave., Ottawa; Treasurer, Miss G. Stanley, 171 Slater St., Ottawa. Paid-up members, 46.

### Nicholls Hospital Alumnae Association, Peterboro, Ont.

#### Organized 1900.

President, Miss Fanny Dixon, 216 McDonnell St., Peterboro, Ontario; Secretary, Miss Eva Archer, Nicholls Hospital, Peterboro, Ont.; Treasurer, Mrs. L. A. Law, 295 Simcoe St., Peterboro, Ont. Paid-up members, 30.

The graduates, realizing that their interests would be much better advanced by being in touch with other schools, organized with the definite intention of uniting our interests with those of other schools of the Dominion so soon as an opportunity offered.

The meetings of this Association have been held at the nurses' residence of the Nicholls Hospital every second month. We are affiliated with the social branch of the Women's Council, and represented at their meetings and taking an interest in their various interests.

Our nurses have given assistance to various organizations by giving their time or whatever was required of them. Papers have been read at our meetings and discussions of various subjects of interest to our nurses and for the betterment of our profession.

### Montreal General Hospital Alumnae Association

#### Organized 1907

President, Miss Isabel Davies, Montreal General Hospital, Montreal, P.Q.; Secretary, Miss M. Gray, Montreal General Hospital, Montreal, P.Q.; Treasurer, Miss G. Colley, 261 Melville Ave., Westmount, Montreal, P.Q. Paid-up members, 264.

For the year 1922 five regular meetings were held, at which were speakers of both professional and general interest.

The Association members have subscribed \$1160.00, up to date, for the Nurses' Memorial Fund.

### Alumnae Association of the Ottawa General Hospital

#### Organized 1910.

President, Mrs. Chabot, 171 Laurier Ave., E., Ottawa; Secretary-Treasurer, R. A. Waterson, 91 Daly Avenue, Ottawa, Ont. Paid-up members, 165.

Delegates sent to Provincial and National Association of Trained Nurses. Committee of Nurses formed to organize Sick Benefit Fund.

Several interesting lectures were given during the year.

Regular meetings, 7; executive meetings, 4; entertainments, 2; Treasurer reports a good balance; relief donations, 1.



**Victoria Hospital Alumnae Association  
Organized 1906.**

President, Miss Agnes Mallock, 874 Colborne St., Victoria, B.C.; Secretary, Beatrice A. Smith, 95 High St., Victoria, B.C.; Treasurer, Mrs. Walter Cummins, 95 High St., Victoria, B.C. Paid-up members, 155.

The year 1921-22 has been a successful one for the V.H.A.A., the record of minutes of the monthly meetings showing the activities of the Association. The total number of paid-up members is 155, an increase over the previous year, with an addition of seven associate members. Our financial condition shows a surplus, after all expenses are paid, of about \$300.00, as shown by the Treasurer's report.

It is a pleasure to report that the objective of the Association of \$1000.00 for the War Memorial Sick Children's Hospital Fund has been attained and that amount paid over to the Treasurer, Mrs. C. T. Campbell, the above amount being raised in various ways, such as sale of work, rummage sale, dances, euchres and teas.

The yearly programme included interesting addresses from medical and other professional men, social entertainments, etc.

Delegates were appointed to the G.H.A.O. Convention, the Social Service Council and Local Council of Women.

Mrs. A. C. Joseph has continued her good efforts as representative of the "Canadian Nurse" to advance the interests of that journal.

At the October meeting a standing vote of appreciation was tendered Miss Della Hutchinson, our President, who resigned that office, leaving for Toronto, where she is now Assistant Superintendent of the Western Hospital. Miss Agnes Malloch, 1st Vice-President has ably filled the position during the year.

It is with deep regret that we record the death of Miss Margaret Stanley, our beloved late Lady Superintendent. We feel as an association that we have lost a valuable friend and adviser.

The Association, with continued interest from our graduates, will become more and more a useful and helpful body of fellow workers.

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**New Brunswick Association of Graduate Nurses, St. John, N.B.**

The year has proven a fairly busy one, and work along all lines of nursing undertaken has been progressively carried on.

The fifth annual convention was successfully held in St. Stephen last July. One general meeting was held in St. John in February to discuss the raising of funds for the National Memorial and securing an amendment to the Nurses' Registration Act. The executive hold regular meetings monthly in St. John.

The membership has been increased by 30, bringing the total to 230. Two new chapters have been organized, one in Woodstock and one in Campbellton.

Committees have been at work upon the following: (1) Public Health, (2) Nursing Progress, (3) Canadian Nurse, (4) National Memorial, (5) Legislation, (6) Standard Curriculum.

There will be forwarded from the Convenors of the first four their own reports telling of measures adopted and progress resulting.

The Committee on Legislation secured the passing of an Amendment to the Nurse Registration Act, whereby reciprocal registration may be given to Provinces and States having standards equal to our own, and who in turn will give reciprocal registration to New Brunswick graduates.

The Committee on Standardizing the Curriculum have rested on their oars awaiting reports of progress from the committee at work on a National Curriculum. There is not at present a standard curriculum in the province, but I do not believe we are very far away from achieving this.

The Board of Examiners of the N.B. Association of Graduate Nurses here held two examinations for registration during the year. These are held regularly twice a year—in May and November. In November of last year nine of ten applicants were granted R. N. certificates. Twenty-four applicants were received for the May examinations, results of which are not yet available.

### Graduate Nurses' Association of British Columbia.

Organized 1912 — Incorporated 1918.

President, Elizabeth G. Breeze, R.N., 125 Vancouver Block, Vancouver, B.C.; Secretary, Miss M. E. Johnson, R.N., 125 Vancouver Block, Vancouver, B.C.; Registrar, Helen Randal, R.N., 125 Vancouver Block, Vancouver, B.C. Paid-up members, 970.

The Association held three general meetings, including the annual meeting on Easter Monday, and eleven Council meetings during the year. A \$1000.00 Scholarship, which was offered to any member, was awarded to Miss Mary Campbell, who has taken the Public Health course in Toronto University. The first provincial examinations for registered nurses' certificates were held May and November, 1921; 78 nurses wrote on these. The annual survey of Training Schools was made and progress reported. Standing Committees for Public Health nurses, Private Duty nurses, and Convenor for Nursing Education Committee appointed during the year.

The constitution and by-laws were amended.

### Graduate Nurses' Association of Ontario

Incorporated 1908.

President, Miss Ella Jameson; Secretary-Treasurer, Beatrice L. Ellis, 19 Division St., Toronto. Paid-up members, 3,472.

During the past year two chapters have been formed, and seven Alumnae Associations have been admitted to this organization.

The principal activities have been carried on under the following committees and will be referred to briefly, as details will be given in other reports.

Public Health Committee—Convenor, Miss Muriel MacKay. In addition to its regular progressive work, endorsed the formation of a sub-committee of industrial nurses to deal with their peculiar difficulties.

Private Duty Committee—Convenor, Miss Bertha Fife. Has endorsed and launched an hourly nursing plan.

Legislation Committee—Convenor, Miss Edith MacP. Dickson. Reports a new Bill designated the "Nurses' Registration Act of the Province of Ontario," passed last session of the Legislature. Regulations in connection with this not yet known.

Canadian Nurse Committee—Convenor, Mrs. Joseph. A successful year, with many new subscribers.

Red Cross Advisory Committee—Convenor, Miss Jean Gunn. Has formulated a plan for enrollment of graduate nurses and volunteers for emergency service; the latter to receive training along lines of work in which they may be called upon to assist.

Committee of University Education of Nurses—Convenor, Miss Eunice Dyke. The Board of Governors of the University of Toronto has been asked to establish a Department of Nursing, which will provide graduate nurses with one year's course, qualifying them for positions in Hospital teaching and administration as well as Public Health nursing.

War Memorial Committee—Miss — Cook, Convenor. The nurses of the Province has been circularized and considerable publicity given to the aims of this committee, with fairly good results.

The Graduate Nurses' Association of Ontario is offering a Scholarship for the University Public Health Nursing Course this year—to be awarded to a nurse who has graduated outside the city of Toronto.

### Canadian Association of Nursing Education

President, Grace M. Fairley, Hamilton General Hospital, Hamilton; Secretary, Mary A. Catton, Protestant General Hospital, Ottawa; Treasurer, Florence F. Potts, 105 Cartier St., Ottawa. Paid-up members, 87 regular, 2 honorary.



### Manitoba Association of Graduate Nurses

Members in good standing, 213; nurses who passed the R.N. examination—in 1921, 98; in 1922, 98; examination fee, \$8.00; diploma and membership, \$10.00.

Manitoba Nurses' Central Directory opened July, 1921; Elizabeth Carruthers, Director; Annie Starr, Assistant Director. 377 graduates and 60 undergraduates registered. Fee: graduate nurse \$10.00; undergraduates \$4.00; practically all Private Duty nurses registered here. Calls filled, 3768; hospital positions, 68.

Directory of great value to nurses, doctors, and to the public; has stimulated interest in registration work, and for professional standing. R.N. Directory is self-supporting.

Enrollment bureau for Red Cross Emergency Nursing Service—Elizabeth Carruthers, Registrar; 44 nurses enrolled to date. Opened April this year. Red Cross has offered its headquarters for our Association meetings and other purposes, and is always ready to help in time of need.

Started Endowment Fund of \$10,000 for private ward in General Hospital for sick nurses.

Contributions to Canadian Nurses' War Memorial Fund, to June 15th, \$1,000.00.

Support is continued for native nurses in India. Association is affiliated with Local Council of Women, Social Service Council, Council of Social Agencies.

Annual meeting in Winnipeg in January had the largest attendance on record.

Purchased 150 lantern slides, by Professor Abbott, on "History of Nursing" for teaching purposes, to be loaned to training schools, nursing organizations, etc.

Public Health nurses have made attractive nursing and health film for educational purposes.

Private Duty Committee of the M.A.G.N. formed in May

Preparing amendments to Registration Act, to increase number of beds to 30, with 5 months' affiliation, supervision of training schools, and the curriculum. (Legislators not functioning, so no amendments were possible this year.)

M.A.G.N. issued a cordial invitation to the Canadian National Association to convene in Winnipeg in 1924.

Manitoba has 26 hospitals — not including hospitals for mentally sick, chronic or convalescent. In the 26 hospitals are 2796 beds.

There are approximately 800 graduate nurses and 475 physicians in Manitoba.

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### New Westminster Graduate Nurses' Association

#### Organized 1912

President, Miss Annie Sclater, 467 Cumberland St., New Westminster, B. C.; Secretary-Treasurer, Lillian McAllister, Royal Columbian Hospital, New Westminster, B.C. Paid-up members, 40.

Miss Stott, who is our delegate, will be present at the convention in Edmonton.

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### Thunder Bay Graduate Nurses

#### Organized 1911

President, Mrs. J. McClure, 207 N. Archibald St., Fort William, Ont.; Secretary, Miss Irene Saunders, 411 Dawson St.; Treasurer, Miss Theresa Gerry, 242 N. Archibald St., Fort William, Ont. Paid-up members, 70.

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### Victoria Graduate Nurses' Association

#### Organized—Club, 1902; Association, 1917.

President, M. Ethel Morrison, A. R. R. C., R. N., 1823 Chestnut Avenue, Victoria, B. C.; Secretary, H. G. Chambers, R. N., Wilmot Place, Oak Bay, V. I.; Treasurer, Mrs. E. A. Dixon, R. N., 924 Queens Ave., Victoria, B. C. Paid-up members, 100.

**The Florence Nightingale Association of Graduate Nurses, Ottawa.  
Organized 1918**

President, Miss G. Garvin, Isolation Hospital, Ottawa, Ont.; Secretary, Mrs. D. S. Johnston, 61 Ossington Ave., Ottawa, Ont.; Treasurer, Mrs. A. J. Nettleton, 165 Florence St., Ottawa, Ont. Paid-up members, 81.

In presenting this fourth annual report of The Florence Nightingale Association of Graduate Nurses, we feel that our life as an Association is just commencing, though in that time we have had some measures of success, and we trust that through our meetings the "outside" nurses are being more closely drawn together.

During the year, six regular and three executive meetings were held. Miss Bennett, Corresponding Secretary, had two of the executive meetings held at The Royal Sanitarium. Two social evenings were held during the year.

Mrs. Dawson invited the nurses to her home, where we had a social evening, at which meetings Mrs. Hannington, of the Victorian Order, gave an address. Also Miss Garvin, of the Isolation Hospital, entertained the nurses one evening.

We feel sure these social evenings have helped in no small way to bring the nurses together.

At the beginning of the year a new office was created, that of Corresponding Secretary. Besides all the regular correspondence, which is considerable, our Corresponding Secretary has sent out from 80 to 100 cards each month, notifying members of our meetings. Also a circular letter was sent out, explaining our raising of fees and also explaining how difficult the executive find it to keep in touch with the members, owing no doubt to changes of address, and it was asked for nurses to endeavor to notify either Treasurer or Secretary when a change is made.

Through the Welfare Bureau we were able to assist two families at the Christmas season.

Again this year we have affiliation with the Local Council of Women, also with the Central Registry.

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**Graduate Nurses' Association of The Eastern Townships  
Organized 1912**

President, Helen Hetherington, 125 Queen St., Sherbrooke, Que.; Secretary, Mrs. Gordon Edwards, 36 Melbourne St., Sherbrooke, Que.; Treasurer, Miss Doris Stevens, 95 Queen St., Sherbrooke, Que. Paid-up members, 26.

The Graduate Nurses' Association of the Eastern Townships have held their usual monthly meetings during the past year, with a fair attendance.

The Association having received the gift of a valuable professional library, the books have been placed in the Grace Nurse Memorial Room at the Sherbrooke Hospital, so that they might be easy of access to all the nurses. The Association have obtained and paid for handsome book cases for their library.

For the past two months our efforts have been directed towards raising money towards the fund for the proposed memorial for nursing sisters.

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**Association of Registered Nurses of the Province of Quebec.  
Organized 1917—Re-organized 1920.**

President, Miss F. M. Shaw, 56 Sherbrooke St., Y., Montreal; Secretary-Treasurer, Miss L. C. Phillips, 750 Urbain St., Montreal, P.Q. Paid-up members, 1304.

The work of this Association has grown during the year until now there are 1304 paid-up members.

Five regular and seven executive meetings have been held.

The annual meeting was held in the Hotel Dieu, when an address was given on the Life and Work of Jeanne Mance. The regular meetings have been held in the different hospitals, when interesting and instructive lectures and demonstrations have been given.



**Saskatchewan Registered Nurses' Association.****Organized 1917**

President, Miss C. M. Kier, Y. W. C. A., Moose Jaw, Sask.; Secretary-Treasurer, Miss M. F. Gray, 2331 Victoria Ave., Regina, Sask. Paid-up members, 300.

In addition to the Annual Convention held in Moose Jaw on March 31 and April 1, 1921, there was also a Fall Convention held in Regina on October 31, 1921. The remainder of the business of the Association throughout the year was carried on by means of the Nurses' Council, which met four times.

Acting on the suggestion of the Nurse Education Committee of the Association, the Council was able to arrange, through the co-operation of the University of Saskatchewan, for a short two weeks' Summer Session for Instructors of Nurses to be held in the University during July, 1922.

The proposed Minimum standard Curriculum, which had been prepared by the Nurse Education Committee, and submitted to the University Senate in May, 1921, was held over for further consideration, and for reports from the various nursing schools. This Minimum Standard Curriculum was approved by the University Senate in May, 1922.

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**The Florence Nightingale Association of Toronto.****Organized 1910**

President, Miss Jean I. Gunn, The General Hospital, Toronto, Ont.; Secretary, Miss Helen G. R. Locke, The General Hospital, Toronto, Ont.; Treasurer, Miss Edith Macallum, 108 Avenue Road, Toronto, Ont. Paid-up members, 145.

Six regular and seven executive meetings were held during the past year.

The programmes for the regular meetings have been arranged by a committee of four, consisting of two members of the Executive and two other members. These committees are appointed by the Executive. The meetings have been fairly well attended. Addresses were given as follows: "Registration in England and Canada," by Miss Gridlay and Miss Kelly. Miss Jean Browne gave an address on the "Public Health Course in London, England," a scholarship for which was awarded to Miss Browne by the Canadian Red Cross Society. "Federal Franchise and Federal Government," by Miss Lang. "The duties of women as to citizenship," Miss Whitton, Secretary of the Dominion Council. "The History of the Canadian Club," by Mrs. Bruce, President of the Club.

Following the meetings the members enjoyed a social half hour, with music and refreshments.

The present membership consists of 175 members, 136 of whom are paid-up; 30 new members have been added during the year.

Last April the Associations sent Miss Edith Macallum as delegate to the Convention of The Graduate Nurses' Association of Ontario held in Hamilton.

The Association is endeavoring to raise the sum of \$1,000.00 for the Memorial Fund. A Committee was formed and circular letters were sent to each member explaining the memorial in full and enclosing a subscription card to be returned with contribution to the Treasurer of the Memorial Committee.

The membership has not increased as we would have wished, but we expect, this year, under the able Convenor of the Membership Committee, Miss Helen McMurrich, to welcome many new members.

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**Moose Jaw Graduate Nurses' Association****Organized 1917**

President, Miss E. B. Renton, R. N., General Hospital, Moose Jaw, Sask.; Secretary-Treasurer, I. L. Phillips, R. N., General Hospital, Moose Jaw, Sask. Paid-up members, 30.

**Calgary Graduate Nurses' Association  
Organized 1904**

President, Mrs. R. P. Stuart Brown, 1604 25th Ave., S.W., Calgary; Secretary, Miss Lucy F. E. Phillips, R.N., 6 Wallace Apts., Calgary Treasurer, Miss Agnes Kelly, R.N., 533 12th Ave., W., Calgary. Paid-up members, 111. Three Chartered Members still among our number, Misses McKinney, Law and Rutherford.

We have not been busy during the past year, except during the Flue epidemic for 6 weeks, when the supply of nurses was not equal to the demand. We have also protested against pupil nurses being employed as Special Duty Nurses and a fee charged equivalent to that of a graduate in any hospital. We have had several interesting and instructive lectures by leading physicians and surgeons of our city; also social entertainments.

**The Graduate Nurses' Association of Nova Scotia  
Organized 1910**

President, Mrs. H. R. McLaren, 72 Edward Street, Halifax, N.S.; Secretary, Miss Gertrude Crosby, 344 Gottingen Street, Halifax, N.S.; Corresponding Secretary, Miss Alice M. Godard, Health Centre No. 1, Gottingen Street, Halifax, N.S.; Treasurer, Miss Mary A. R. Keatinge, R.N., Health Centre No. 1, Gottingen Street, Halifax, N.S. Paid-up members, 125.

During the past year one of the chief activities of the G. N. A. N. S. has been the raising of the sum of \$2,000.00 for the purpose of endowing a bed in Children's Hospital, Halifax, in memory of those nurses from Nova Scotia who lost their lives owing to the Great War. For this purpose a garden-party was held and several bridge parties given, and now this objective has been reached, only the final arrangements remain for the memorial to be an accomplished fact.

Also, during the last session of the House, the Nurses' Registration Bill successfully passed through the various committees and Legislative Council.

The regular meetings of the G. N. A. N. S. have been held every month.

**Medicine Hat Graduate Nurses' Association  
Organized 1913.**

President, Mrs. C. E. Smyth, 874 2nd St., Medicine Hat, Alta.; Secretary, A. L. McPherson, General Hospital, Medicine Hat, Alta.; Treasurer, Miss Florence Smith, 938 4th Street, Medicine Hat, Alta. Paid-up members, 26.

Our Association raised \$115.00 in March, 1921. Sixty-five dollars was donated to the elevator fund for the General Hospital, Medicine Hat. Fifty dollars was donated to the Soldiers' Memorial Fund, Medicine Hat.

The Association sent a resolution to the C.N.A.T.N. suggesting that the annual fees be increased from 10 cents to 25 cents per member. The resolution was adopted.

**CERTIFICATE OF PUBLIC  
HEALTH (C. P. H. N.)**

Standard Professional Course, for Graduate Nurses only. October 3rd, 1922, to May 25th, 1923, inclusive, leads to C. P. H. N. of Western University. Apply to Miss Margaret R. McDermid, Chief of Public Health Nurses' Course. Note—Victorian Order and Red Cross Scholarships are available to a few candidates; details on application.

**Western University, London, Ont.**



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The following courses are offered to qualified nurses:

Public Health Nursing.

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All courses begin in October and end in May.

For information, apply to the Director of the School, Miss F. M. SHAW, McGill University, Montreal.

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### Manhattan Eye, Ear and Throat Hospital

210 East 64th Street, New York City

Offers a course in special diseases and operating-room training of the eye, ear and throat. The course will be both theoretical and practical. Instruction will be given by means of lectures, demonstration, teaching at the bedside and in the regular performance of duties. The new residence for nurses, which has been occupied since January, 1918, provides separate rooms and excellent facilities for the comfort of the nurses. A registry is maintained for our graduates at the Hospital, and a limited number of graduates who complete the course of instruction may obtain permanent institutional positions. Graduate nurses from recognized schools will be admitted for a term of three months in the Eye Department, three months in the Ear and Throat Department or the combined course consisting of six months. Remuneration Thirty Dollars (\$30.00) per month and uniform. Lodging, board and Laundry free. For further information, apply to

SUPERINTENDENT OF NURSES,  
210 East 64th Street, New York City

## McGill University

### SCHOOL FOR GRADUATE NURSES

#### SCHOLARSHIP

The Association of Registered Nurses of the

Province of Quebec

Offer a Scholarship of \$500.00 for the Session of 1922-23

Graduates of any Training School in the Province of Quebec are eligible

Applications received up to August 15.

Apply to Miss F. M. SHAW  
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**WANTED** by November 1st, for a nurses' residence, having 150 students and 35 graduates, a refined graduate nurse supervisor. Duties consist of oversight of housekeeping, the care of a small infirmary and the welfare of the students. A woman of mature judgment preferred, who is a good housekeeper and would be genuinely interested in the students. Unusually attractive and homelike residence. No dining room responsibility. Student nurse assistant. Physician's daily visit. Salary, \$85.00.

Apply to the Principal,  
Hartford Hospital Training School for Nurses, Hartford, Conn.

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For hospital on Lower Mainland, British Columbia, graduate nurse as Operating Room Supervisor, salary \$80.00 and maintenance. Also, graduate nurse as Ward Supervisor, salary \$80.00 and maintenance.

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### THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President—Miss Murdoch, G.F.H., St. John; 1st Vice-President, Miss L. Belding, St. John; 2nd Vice-President, Miss Elizabeth Sanson, Fredericton; 3rd Vice-President, Miss MacMasters, Moncton; 4th Vice-President, Miss E. Keys, Newcastle; 5th Vice-President, Miss A. Branscombe, St. Stephen; Treasurer, Miss E. J. Mitchell, G.P.H., St. John, N.B.; Recording Secretary, Mrs. L. R. Dunlop, St. John; Corresponding Secretary, Miss Martha Fraser, 26 Meadow Street, St. John; Provincial Registrar, Miss A. Whyte, Doaktown, N.B.; Public Health Correspondent, Miss Sarah Brophy, Fairville, N.B.; Miss Martha Hoyt, St. John; Canadian Nurse Correspondent, Miss Eva Craig, G.P.H., St. John. Regular Monthly Meeting of Executive, 2nd Monday, 8 p.m.

### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

### THE ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig, Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

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has, in the interest of obstetrical nursing, assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliations with General Hospitals.

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Preliminary Course, 4 months, given at hospital of Student Affiliation.

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Mothers .....	2 months
Babies .....	2 months
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Parental, Delivery and Postpartum experience.....	2 months
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Books, uniforms and maintenance throughout.

Four weeks vacation each year.

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Conveners of Committees—Finance, Miss E. F. Trench; Sick Visiting, Miss MacVicar, Miss F. Cantor.

Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.  
Regular Monthly Meeting—Third Wednesday, 8 p.m.

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**THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL**

Hon. President, Miss Willoughby; President, Miss C. Macdonald; Vice-President, Miss Elsie Wood; Secretary Treasurer, Miss K. Maddocks.

Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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**THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL, QUE.**

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Buchanan, Taylor, Swan, Barr, Sanders.

Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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**THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL**

President, Miss Mabel Davies; First Vice-President, Miss Holt; Second Vice-President, Miss Frances Reed; Recording Secretary, Miss Kirkland; Corresponding Secretary, Miss Miriam Gray; Treasurer Sick Benefit, Miss Henrietta Dunlop. Executive Committee, Misses F. M. Shaw, Winifred Scott, Nora Tedford, F. Struam and Ruth Loggie; Sick Visiting Committee, Misses C. S. McLeod, Bessie Briggs, Jane Home and Gwendoline Nichol. Representatives to Local Council of Women, Mrs. F. Lamb and Miss Hardinge; proxies, Miss Holt and Mrs. Hardwick.

Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

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**THE CANADIAN NURSES' ASSOCIATION, MONTREAL**

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Regular Meeting, First Tuesday, 8 p.m.

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**ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.**

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.



DR. JUNIOR: "Yes—I not only tan like an Indian, but this year I am suffering from a severe case of sunburn——"

DR. SENIOR: "Antiphlogistine, my boy—applied thick tonight at bedtime——"

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DR. JUNIOR: "I never thought of using it except after heating it in the usual way."

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**THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.**

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Representative to Ottawa Chapter—Miss M. Nelson.

Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

**THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL.**

Hon. President, Rev. Sr. Mary Alice; President, Mrs. J. L. Chabot, 170 Laurier Ave., E.; Vice-Pres., Miss M. Brankin; Sec'y-Treas., R. A. Waterston, 91 Daly Ave.. Membership Sec., Miss M. Kennedy. Board of Directors, Mrs. J. W. Anderson, Mrs. C. Devitt, Mrs. A. Poulton, Miss F. Lyons, Miss L. McElroy, Miss G. Evans, Miss A. Stackpole. Representatives to Central Registry: Miss M. Kennedy, Miss E. Dea, Miss A. Stackpole. Representative "Canadian Nurse" Magazine—Miss Nevins. Representatives to Local Council of Women—Mrs. J. L. Chabot, Mrs. Latimer, Mrs. Devitt, Mrs. Viau. Representative to Catholic Women's League—Mrs. J. L. Chabot.

Regular Meetings, First Friday of each month at 8 p.m.

**THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.**

Hon. President, Miss M. A. Catton; President, Miss Gertrude P. Garvin, Isolation Hospital; Vice-President, Mrs. L. M. Dawson; Recording Secretary, Mrs. D. S. Johnston; Corresponding Secretary, Miss Gertrude M. Bennett, Royal Ottawa Sanitarium; Treasurer, Mrs. A. J. Nettleton, 165 Florence St.

Members of Executive and Convenors of Committees—Membership, Mrs. C. J. McPherson; Sick Visiting, Mrs. Geo. Brown; Programme, Miss M. C. MacDonald; Nominating, Miss L. C. Stevens; "Canadian Nurse," Miss M. Chipman, Miss E. V. O'Reilly.

Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

**LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA**  
(Incorporated 1918)      Officers 1922-1923

Hon. President, Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute; President, Mrs. C. T. Ballantyne, 191 Rideau St., Ottawa; Vice-President, Miss Mae McCreary; Secretary, Miss Hazel A. Johnson, 633 Rideau St., Ottawa; Treasurer, Miss Jean Blyth; Directors, Miss Annie Ebb, Miss McNiece, Mrs. Waddell.

Representative "Canadian Nurse" Magazine, Miss Mary Sluin, 204 Stanley Avenue, Ottawa.

**BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION**  
(Affiliated Members of G. N. A. of Ontario)

President, Miss Evelyn Cunningham, 39 Yeoman Street; Vice-President, Miss R. Finmie, 463 George Street; Secretary-Treasurer, Miss Edna M. Howard, 27 Victoria Avenue; Corresponding Secretary, Miss Leapha B. Clarke, 27 Victoria Avenue.

Advisory Board—Conveners: Mrs. Leavens, George Street, Belleville, Ont.; Mrs. M. Graham, 642 Shaw Street, Toronto, Ont.; Mrs. R. Coulter, Stirling, Ont.; Mrs. Warrell, Picton, Ont.

**GRADUATE NURSES' ASSOCIATION OF ONTARIO**  
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# THE CANADIAN NURSE AND HOSPITAL REVIEW

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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII.

VANCOUVER, B. C., SEPTEMBER, 1922

No. 9

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## The Memorial Fund

### How one School for Nurses solved the problem of securing its contribution

VIVIEN M. C. LANE

The subject of a memorial to the nurses who lost their lives in the last war was first placed before the School for Nurses of the Toronto General Hospital at the mass meeting of the nurses-in-training on May 1st. Considerable enthusiasm was shown and the student nurses voted \$500.00 as their objective, making the share of each nurse \$2.00. Ways and means of making the money were discussed but nothing definite decided upon.

During the following week different signs and posters began to appear on the residence floor bulletin boards. First came an advertisement which read:—

## FOR GRADUATION WEEK

Shoes shined extra fine at 516;  
 Low shoes, five—high shoes, ten—  
 We certainly hope you will call again.

Inside one bedroom was the shining establishments. A high trunk covered with a rug was placed in the corner of the room; on this was an armchair, while wooden boxes were nailed to the trunk for foot rests. A pair of old kid gauntlet gloves were placed beside the different bottles of polish and brushes and served to save the bootblack's nails. Shoes walked in from all the different residences, and the bootblacks very soon "shut up shop," with their \$2.00 made.

A student who could manicure next hung up her shingle. Gradually news of the different trades being practised filtered through the school, and the posters were all collected by the Training School Office, type-written and placed on the large bulletin board in the main residence.

One advertisement read:—

## THE GWENDORA BEAUTY SHOP.

Monday, Thursday, Saturday—7.30 to 9.30 p. m.

## SHAMPOO—25 cents.

Their eyes follow you wherever you go,  
 On the street, at the dance, or on duty;  
 Their eyes follow your hair. Are they  
 Lingering glances of admiration?  
 If not—you need a shampoo.

## MARCEL—25 cents.

We produce a naturally beautiful ripple wave  
 that remains in the straightest hair a week or more.  
 "Hair that is lifeless is waveless"

## MANICURE—25 cents.

Your nails—no time like the present.  
 "Credit is dead—bad pay killed him."

These three hair dressers had their rooms arranged most attractively. The breeze from an electric fan played upon the patron as she lounged comfortably on the cushioned bed. The hair dresser really gave a beautiful marcel, and customers returned again and again. Sixteen dollars was made by these nurses in a fortnight.

Another advertisement read:—

Beautiful hair adds charm;  
 Brush your hair to keep it free of dust;  
 We wash brushes and combs;  
 Prices moderate.  
 "Goods called for and delivered."

The advertisement below makes a marked impression on account of the work involved:—

## PLAIN DRESSMAKING.

Gingham and voile dresses, \$2.50.  
 Crepe de chene and Georgette blouses, \$2.00.  
 Underwear—plain—75c.  
 Underwear—embroidered—\$1.00.

Patterns must be supplied with all materials, except for underwear—  
 also buttons and fasteners.



This ambitious nurse actually made these things and the resulting proceeds proved clear profit.

A Photograph Gallery was the next firm to open for business:—

PHOTOGRAPHS	SIZE A	SIZE B
Original snap - - -	14 cents each - - -	11 cents each
Copies - - - - -	7 cents each - - -	6 cents each
Per half dozen - - -	36 cents each - - -	30 cents each

By appointment—Hours, 8 a.m. to 9 a.m. 4.30 p.m. to 6.30 p.m.

This poster had snapshots to show the sizes spoken of and made a very attractive addition to the bulletin board.

Sewing on buttons was one brilliant idea—darning another—marking names on underwear, caps, aprons, etc., with India ink, still another.

This firm undertakes many activities:—

#### HELPFUL SERVICE FOR TIRED NURSES.

1. Our Specialty—Serving trays to rooms.  
Service 1-6 people.  
Menu—Salads, Ices, Milk, Coffee, Hot or Iced Cocoa, Lemonade, Punches.
2. Manicuring, 30 cents—"We charge more but we do finished work."  
This beauty parlor also has on sale bottles of nail bleach.  
The bottles were purchased by the gross through the pharmacy and the bleach made up by the managers of this firm.  
The prescription is kept a dead secret.
3. Laundry—Caps laundered to any degree of stiffness, 4 cents  
Collar and cuff sets laundered, 10 cents.
4. Beds—15 cents—Beds made with tight corners at clean linen time.  
We guarantee our beds, even with abuse, to last one week.

The trays proved a great success, but the server of trays thought them almost too popular, for she was swamped with orders. Breakfast trays were served to the rooms of nurses having a morning off duty and who wished to sleep in. The beautiful part of ordering a tray was that one did not have to specify what one wanted, and the tray was always a surprise; moreover there was no dish washing to take the joy out of life after the party was over, but the tray deftly spirited away.

Already the proceeds from this have amounted to \$20.00, and unlimited orders are still coming in.

Arrangements for an ice cream booth, open three nights a week, have been made at one of the residences.

At the main residence a kimona party is being planned. Strawberry ices, eats and punch will be on sale in the hall. The patrons, if they do not wish to retire to their rooms to enjoy their feast, must pay an admission fee in the sitting room, where a concert will be given by another group of enthusiasts. An orchestra composed of school talent will play for dancing.

One ambitious enthusiast advertised to clean rooms and keep them clean on contract; charges for this undertaking were to be decided upon after cleaning the room.

There are countless other things that can yet be done. In our school every day some one thinks of a new scheme. The main thing is to arouse an enthusiasm among even a few; the others will soon become interested, and, when a group of girls are interested and keen, any proposition proves a success, providing the objective is right.

The memorial is to be an expression of our pride and respect for those sisters who spared nothing in their patriotism and devotion to duty. Many women who see the need of such things suggested that more useful and more worthy objects be chosen for a memorial. For us, however, a national, permanent memorial has a greater appeal, and such a one would, of necessity, be placed at the Capital. Anything else, anywhere else, would be a local remembrance, entailing expense in the up-keep, a burden we would not be justified in leaving to those coming after us.

It behooves us to show our appreciation of what our training has done for us. Let us grasp the privilege of giving and erect a monument worthy, both of those to whom we erect it and of those giving it—the Nurses of Canada.

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Ed. Note:—This paper is written by a student nurse at the Toronto General Hospital.

---

### International Council of Nurses

---

The Grand Council of the International Council of Nurses met at Copenhagen, Denmark, from May 22nd to 24th. Delegates from ten countries were present. Baroness Mannerheim, President of the Nurses' Association of Finland, was elected to succeed Mrs. Henry Tscherning, of Denmark, as President. The next meeting will be held in Helsingfors, Finland, in 1925. Miss Charlotte Reimann, Denmark, succeeds Miss L. Dock as honorary secretary.

During the meeting the necessity of an international standard in nursing education was discussed and endorsed. There are fourteen countries now connected with the Congress, including Canada. Belgium, China, Italy, Norway and South Africa were admitted at this last meeting.

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Yearning in desire  
To follow knowledge, like a sinking star,  
Beyond the utmost bound of human thought.  
*Ulysses.*



## Summer School for Nurses, University of Saskatchewan



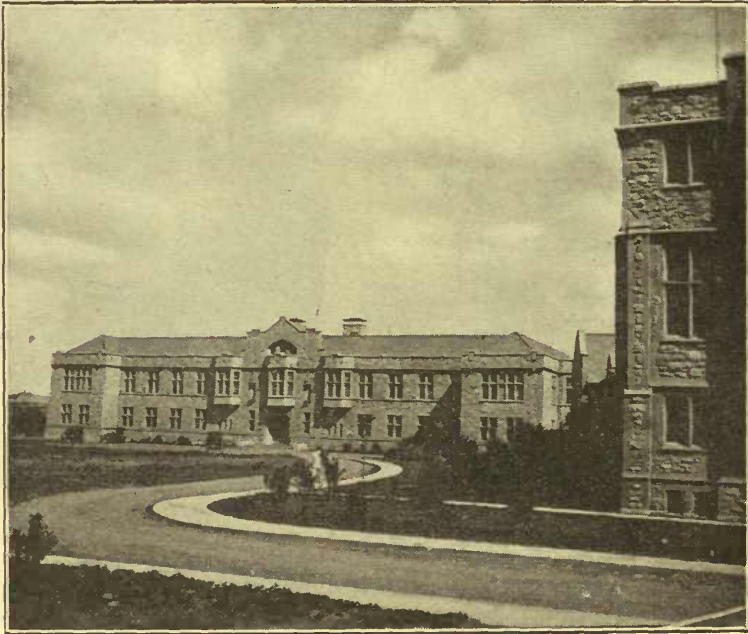
Nurses in attendance at Summer School, University of Saskatchewan  
July, 1922.

The short Summer Session of two weeks at the Summer School, University of Saskatchewan, while only a very modest effort, was nevertheless felt by the nurses of Saskatchewan to mark a very important step in nursing progress in the Province.

The University, in whose hands, by the Nurses' Registration Act of 1917, was placed the authority to set educational standards for the Schools on Nursing in the Province, readily acceded to the request of the Provincial Registered Nurses' Association that a short summer session might be arranged whereby the nurses engaged in training school work might get together for the discussion of the various problems involved in nursing education.

The University was fortunate in securing as director of the course Miss Ethel Johns, Assistant Professor of Nursing, University of British Columbia. Miss Johns, as a nurse of wide experience, outstanding ability and the highest professional ideals, was able, out of the richness of her experience, to give most valuable and encouraging advice, as well as to lead the nurses to a keener realization of the educational side of the work, and a clearer vision of their opportunities.

The lectures were most practical, covering such points as "Training School Organization" and "Government Principles of Teaching, as applied to Schools of Nursing," and a consideration of the most modern developments in nursing. The shortness of time for the arrangement of the details of the course, and the shortness of the course itself, made it impossible to utilize the various departments of the Summer School which would otherwise have been available, but most valuable lectures and demonstrations in Nutrition and Bacteriology were given, and these, along with observation of classes in Physical Education and Household Science, added greatly to the interest and practical value of the course.



The College Building, University of Saskatchewan.

The session being largely in the nature of an experiment, the University President had invited the group in attendance to make suggestions which would be helpful in the event of such a course being repeated. The nurses were most emphatic in their statement of the value of the course, and in their recommendation that it be repeated next summer. They suggested a longer and somewhat fuller course, which would offer material of interest to all of the nursing groups—the Private Duty, and Public Health groups, as well as the groups interested in institutional management and nurse education. There was stressed the value of mingling in a social way with other educational groups in attendance at the summer school, as well as the need for nurse educators to get into close touch with nurses actively engaged in the various branches of nursing, that the modifications necessary to better fit the student nurse for the ever widening opportunities in the field of nursing might be made.



Though, largely due to the short notice it was possible to give the hospitals, the attendance was small, yet the Directors of six training schools were there—under whose direction are altogether some two hundred student nurses—so the results will be more far-reaching than it would at first appear.

Those in attendance were: Miss Delia Gillespie, Reg. N., Superintendent General Hospital, Swift Current; Miss Caroline Guillod, Reg. N., Superintendent General Hospital Maple Creek; Sister Amelia, R. N., Superintendent of Nurses, Grey Nuns' Hospital, Regina; Sister Mary Raphael, Reg. N., Superintendent of Nurses, Providence Hospital, Moose Jaw; Sister Mary Angelus, Reg. N., Night Supervisor, Providence Hospital, Moose Jaw; Sister Mary Gallant, Reg. N., Superintendent of Nurses, St. Boniface Hospital, St. Boniface, Manitoba; Sister Mary Katherine, Reg. N., Superintendent of Nurses, Holy Family Hospital, Prince Albert; Sister O'Grady, R. N., Keeper of Records, Grey Nuns' Hospital, Regina.

---

#### THE GOVERNMENT'S CONVERSION SCHEME

The attention of the holders of the five and a-half per cent. war loan bonds maturing December 1, 1922, is directed to the offer of the Minister of Finance to renew the loan on favourable terms. The last Canadian loan was placed in New York at a satisfactory price. The Minister is making his present financial operation entirely a domestic one by offering to exchange the maturing bonds for new bonds bearing the same rate of interest, running for either five years or ten years as the bondholder may prefer. A further inducement to the investor is that he receives a bonus of one month's interest. The terms offered are decidedly favourable to the investor, and it is probable that a large part of the maturing loan will be renewed. Arrangements for the exchange of the bonds can be made at any branch of the chartered banks. Holders who do not wish to reinvest will be paid in cash on the 1st December.

---

#### A CONCESSION TO HOME INVESTORS

In offering to renew the five and a-half per cent. Canadian Government bonds maturing December 1st at the same rate of interest as is carried by the maturing bonds, and allowing a bonus of one month's interest, the Minister of Finance is making a material concession to the Canadian investor, as this rate is higher than was paid on the recent Canadian loan in New York. The high class of the security, which is the very best that can be offered in Canada, and the liberal rate of interest, should lead to large investment in these Dominion bonds. Attention is directed to the official advertisement giving details.

## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

(Continued from July issue).

### LECTURE XI.

Sections 23, 24, 25, 26.

23 AND 24—THE RED CROSS AND THE ST. JOHN AMBULANCE MOVEMENTS, THEIR ORIGIN AND DEVELOPMENT AND ACTIVITIES IN THE RECENT WORLD WAR†. 25—THE PEACE-TIME POLICY OF THE LEAGUE OF RED CROSS SOCIETIES. 26—THE PUBLIC HEALTH NURSE\*

Authorities Consulted: *Un Souvenir de Solferino*, par Henry Dunant, Geneva, 1862; *The Way of the Red Cross*, by Vivian & Williams, Hodder & Stoughton, 1915; *The Red Cross*, by Clara Barton, 1898; *Under the Red Cross Flag*, by M. T. Boardman, Lippincott & Co., 1915; *Life of Clara Barton*, by Percy Epler, McMillan & Co., 1915; *The Maple Leaf's Red Cross*, by Mary McLeod Moore, 1918; *The Red Cross*, by Henry C. Shelly, Edin. Review, 1914, Vol. 220, pp. 333-335; *British V. A. D. Work in the Great War*, by Thekla Bowser, F. J. I., 1917; *The Red Cross in War*, by M. F. Billington, Hodder & Stoughton, 1914; *Report of the Joint War Committee of the British Red Cross Society and the Order of the Hospital of St. John of Jerusalem in England, 1914-1919*, published 1921; *Bulletins of the League of Red Cross Societies*, Geneva, May, 1919, to date; *The International Journal of Public Health*, Geneva, May, 1920, to date; *The Red Cross Department of the British and of the American Journal of Nursing*; *Reports of the Canadian Red Cross Society*.

### FOREWORD:

No outline of the History of Nursing would be complete that did not include in its survey those large fields of nursing activities that lie outside the range of the civil hospital in the various organizations that have sprung up in the modern world to ameliorate the sufferings and devastation of war on the one hand, and to provide for the relief of national calamities and for the control and prevention of disease, on the other. In this connection we have to consider, in the first place, the establishment by the various governments of military nursing as a part of the Army Medical Service (See Lecture X.), and the organ-

\* Entered under the Copyright Act, November 23rd, 1920.

† For revision of the manuscript of Sections 23 and 24 of this Lecture (History of the Red Cross and the St. John Ambulance), and for much authentic information on these subjects, the writer's sincere thanks are expressed to the following authorities: Col. C. A. Hodgetts, C. M. G., M. D., Secretary of the St. John Ambulance Association; Mr. T. Ruggles George, Secretary of the Canadian Red Cross Society; Lady Drummond, formerly Assistant Commissioner of the Canadian Red Cross in England; Dr. Charles A. Copp, Assistant Commissioner of the St. John Ambulance Brigade Overseas; and Mrs. V. V. Henderson, Lady District Superintendent of the St. John Ambulance Brigade, M. D. 4.



ization on an official and national basis of Public Health and Child Welfare Departments; and secondly, that great volunteer movement for the rendering of auxiliary or supplementary aid to the official agencies of every country which has been organized on an international basis under the name of the Red Cross, and which has contributed, especially in very recent years, so greatly to the comfort and help of the sick and wounded in war, and now spreads its beneficent system over the entire earth, not only in war but also in peace, through the banding together of thirty-one different countries in a great international system for the prevention of disease and the betterment of the race (League of Red Cross Societies, founded May 5th, 1915). In this connection it is of interest to note that the peace-time programme, outlined under the League of Red Cross Societies, is not a new departure in the work of the Red Cross. An extension of its activities to include the relief of national calamities other than war was proposed at Geneva in 1865, in the year succeeding the treaty, and this has always formed an essential part of the field of work of both the American and Russian Societies; and a peace campaign against tuberculosis was inaugurated at the St. Petersburg meeting of the International Red Cross in 1902, and has been followed since with brilliant results both in France and Germany. It is important, also, to remember that the plan of an International Public Health Campaign, which is now promulgated by the League of Red Cross Societies on a broader and more complete scale than ever before, did not originate with it but with the organization known as *L'Office Internationale d'Hygiene Publique*, which has functioned since 1907, and represents the official action of several governments in international health movements since the year 1902.

### 23. THE RED CROSS

*Remarks:* The subject of the origin and activities of the Red Cross is considered here at length because of its historic background, which places it with those great humanitarian movements of the middle nineteenth century with which the history of the origin of nursing as a profession is so intimately bound up. The fact must, however, be emphasized that the work of the Red Cross, in peace as well as in war, is at all times ancillary and auxiliary to that officially carried on by the Governments of the countries in which it exists and functions, both through their Army Nursing Service and their official Public Health Agencies, and that the nursing profession itself is only indirectly concerned with the activities of the Red Cross as an auxiliary and supplementary force, in that in English speaking countries it has not, at least until very recently, itself supplied a training ground for the fully equipped professional nurse. But for these very reasons the debt is beyond computation which the nursing profession, with all humanity, owes to these great volunteer

agencies, which have poured out, from brimming hearts, and full hands, a wealth of giving that has met the necessities of a difficult and trying hour in a way and to an extent that unaided officialdom could never do.

### *Origin of the Red Cross*

As will be realized by a backward glance at history, the spirit of the Red Cross is embodied in that doctrine of universal charity from which the art of nursing itself may be said to have emanated. The primitive Christian church taught that the care of the sick, irrespective of race, creed or condition, had a sacred claim upon humanity, and we find traces of the same idea manifesting itself through the succeeding centuries, especially in the work during the Crusades, of the Knights of the Order of St. John (see lecture IV.), whose hospitals, while organized for the care of the warriors and pilgrims of their own faith, received and tended Christian and infidel alike. The idea of an international neutrality for the wounded in war was, however, never definitely formulated until the middle of the eighteenth century. Garrison\*\* points out in his *History of Medicine* that credit for the first official recognition of this principle as an essential feature of civilized warfare is to be given to Sir John Pringle, Surgeon-General of the English army from 1742 to 1758, who was a pioneer in military sanitation, and whom he describes as "the founder of military medicine and the originator of the Red Cross." Pringle states that "the suggestion was made before the battle of Dettingen (1743), by the Earl of Stair to the Duc de Noailles, that *'the hospitals on both sides should be considered as sanctuaries for the sick, and mutually protected.'*" This was readily agreed to by the French General..... and the agreement was strictly observed on both sides throughout the campaign; and though it has since been neglected, we will hope that on future occasions the contending parties will make it a precedent."† Interesting confirmation of this important historical statement comes from another source; in the report of the Joint Committee of the British Red Cross and the Order of St. John of Jerusalem 1914-1919, p. 745, it is recounted that "On the eve of the battle of Hohenlinden, 1800, Baron Percy, the principal medical officer of the French army, drew up a memorandum in which he copied from an agreement made in 1743, during the Dettingen campaign, as follows: "I proposed this morning to General Moreau to form with the Chief of the Austrian army *the same convention which took place during the campaign of 1743, between the English General Stair and the French General Maurice de Noailles, to the effect that the hospitals, as well as the wounded, were to be recognized as inviolate, both the patients and the nurses.'*"

\* *History of Medicine*, by Fielding H. Garrison, Saunders & Co., 3rd Edition, 1921, p. 374.

† Quoted by Garrison, from "Observations on Diseases of the Army," by Sir John Pringle, London, 1752.



The Crimean war was the last to be fought under the old regime, before the Geneva convention and the framing of the Red Cross Society. In the shadow of those battlefields the work of Florence Nightingale was wrought out with a whole-hearted devotion that knew no distinction between English, Turk or Russian; and, in the presence of the still unredeemed horrors of the battlefield, Europe rang with its renown. The flood-gates of human sympathy were unlocked and the humanitarian impulse to an alleviation that had been demonstrated as possible and practicable was abroad. In the immediately succeeding years after her return, Miss Nightingale and her coadjutor, Mr. Sidney Herbert, were pushing to their permanent issues, in England, those elementary principles of military sanitation that had brought about, under her hands, such a marvellous decrease in the mortality of the Scutari hospitals. It remained for the man whose service has recently been recognized, by the conferring upon him of the Nobel peace prize, to definitely formulate and to gain international acceptance of the great principle that underlay her work. In a paper read in London in 1872, Henri Dunant said, "Though I am known as the founder of the Red Cross and the originator of the Convention of Geneva, it is to an Englishwoman that all the honour of that convention is due. What inspired me to go to Italy during the war of 1859 was the work of Miss Florence Nightingale in the Crimea." This acknowledgment was expressed also by the Congress of Red Cross Societies, held in London in June, 1907, to which Queen Alexandra sent a message referring to "the pioneer of the first Red Cross movement, Miss Florence Nightingale." The resolution read: "The great and incomparable name of Miss Florence Nightingale, whose merits in the field of humanity are never to be forgotten, and who raised the care of the sick to the position of a charitable act, imposes on the Eighth International Congress of Red Cross Societies the noble duty of rendering homage to her merits by expressing warmly its high veneration."

*Henri Dunant*, to whose initiative and enthusiasm the promulgation of the Convention of Geneva is to be directly traced, was a member of an old Geneva family of French-Swiss descent. Travelling as a tourist at the age of 31 in Northern Italy, he witnessed the battlefield of Solferino three days after the action, which had taken place on June 24th, 1859, between the French under Napoleon III. and the Sardinians under Victor Emmanuel I. against the Austrians; arrested by the terrible necessities of the wounded men, who lay on the field in the appalling number of 20,000, entirely neglected, in an extremity of thirst and hunger and with putrefying wounds, in a condition with which the scanty civilian population was totally unable to cope, he spent the succeeding days there and in the neighbouring village of Brestia, where thousands of wounded had taken refuge, in an attempt to help in the terrible situation.

(To be Continued)

## Editorial



It is with a great deal of regret that nurses in Canada will see the application for retirement made by Matron-in-Chief Macdonald, and the long holiday in view of which she is promising herself. During those anxious and arduous years of the Great War, Miss Macdonald made herself not only an efficient head of the C. A. M. C., but endeared herself to all the military sisters by her thoughtful care and consideration, not only in a general sense, but by a personal interest in all the nurses overseas. Her work and many kindnesses will not be soon forgotten by those who saw and experienced them close at hand.

The strain of such work well merits a long holiday, and the best wishes of the *Canadian Nurse* magazine and its subscribers go with her. To the Editor, the loss means a very great deal. As shown by her announcement in the department reserved for the army sisters, she can no longer be responsible for the material for that department. So, unless we can obtain regular contributions for it, the department will, to the regret of the Editor, be forced to cease. Any suggestions or offer of help in order to carry it on will be much appreciated in the office of the magazine.

\* \* \* \*

One of the leading features of the American Nursing Association's Convention in Seattle in June was the reading of the report of the findings of the Rockefeller Foundation on the nursing situation, by Miss Goldmark, Secretary of the Committee for the Study of Nursing Education. This report was read by Miss Goodrich, and was listened to with the greatest attention. There were only a few copies available at the time, though the Editor understands that it is now through the press and that copies may be had. Through the courtesy of the *Pacific Coast Journal of Nursing*, we are reprinting the following:

As presented by Miss Goodrich, the report presents ten conclusions on the needs of nursing education for the conservation of public health in the United States. Briefly, these conclusions are sketches as follows:

*Conclusion 1.*—That, since constructive health work and health teaching in families is best done by persons:

- (a) capable of giving general health instruction, as distinguished from instruction in any one place; and
- (b) capable of rendering bedside care at need.

The agent responsible for such constructive health work and health teaching in families should have completed the nurses' training. There will, of course, be need for the employment, in addition to the public health nurse, of other types of experts such as nutrition workers, social workers, occupational therapists and the like.



That as soon as may be practicable all agencies, public or private employing public health nurses, should require as a prerequisite for employment the basic hospital training, followed by a post-graduate course, including both class work and field work, in public health nursing.

*Conclusion 2*—That the career open to young women of high capacity, in public health nursing or in hospital supervision and nursing education, is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field.

*Conclusion 3*—That for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions, and embodied in the legislation of the more progressive states, and that any attempt to lower these standards would be fraught with real danger to the public.

*Conclusion 4*—That steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practicing physicians in the care of mild and chronic illness and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing.

*Conclusion 5*—That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs, lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

*Conclusion 6*—That, with the necessary financial support and under a separate board of training school committee, organized primarily for educational purposes, it is possible, with completion of a high school course of its equivalent as a prerequisite, to reduce the fundamental period of hospital training to twenty-eight months, and at the same time, by eliminating unessential, non-educational routine, and adopting the principles laid down in Miss Goldmark's report to organize the course

along intensive and co-ordinated lines with such modifications as may be necessary for practical application; and that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers.

*Conclusion 7*—Superintendents, supervisors, instructors and public health nurses should in all cases receive special additional training beyond the basic nursing course.

*Conclusion 8*—That the development and strengthening of university schools of nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

*Conclusion 9*—That when the licensure of a subsidiary grade of nursing service is provided for, the establishment of training courses in preparation for such service is highly desirable; that such courses should be conducted in special hospitals or in separate sections of hospitals where nurses are also trained; and that the course should be of eight or nine months' duration, provided the standards of such schools be approved by the same educational board which governs nursing training schools.

*Conclusion 10*—That the development of nursing service adequate for the care of the sick and for the conduct of the modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance, in this connection, to provide reasonably generous endowment for university schools of nursing.

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Readers of the *Canadian Nurse and Hospital Review* will please bear in mind that the Government has recently, in force August 1st, 1922, placed a stamp tax of two cents (2 cts.) on cheques for every fifty dollars (\$50.00) value. Every cheque above fifty dollars to one hundred dollars will therefore require four cents in stamps, with a similar increase for each fifty dollars. The special attention of those sending money to the magazine is drawn to this, and also to the exchange on cheques sent to this office from outside of Vancouver. This appears a small matter, but amounts to a considerable sum in the aggregate.

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#### CORRECTION

In the article of "The Development of the Hospital for Sick Children, Toronto," there was an error in the date given on which the Training School was opened. The school was established in 1886, instead of 1866, as printed in the July issue.



## The Nurse's Book Shelf



"Obstetrical Nursing," by Carolyn Van Blarcom, R.N., formerly Assistant Superintendent and Instructor in Obstetrical Nursing and the Care of Infants and Children, Johns Hopkins Hospital Training School. Published by the MacMillan Company, 64-66 Fifth Avenue, New York. Price, \$3.00; 546 pages, 200 illustrations and eight charts.

A manual of Obstetrical Nursing, prepared for use in connection with Text Books on Obstetrics, by Nancy E. Cadmus, R.N., General Director of the Maternity Centre Association; graduate of the Presbyterian Hospital School of Nursing; former Superintendent of the Manhattan Maternity Dispensary; former member of the New York State League of Nursing Education. Published by G. P. Putnam's Sons, New York.

It is interesting to note, in connection with the simultaneous publishing of these two books on Obstetrical Nursing, that up to this time there have been no textbooks written for nurses by nurses on this vital subject. These two books, taken together, should form the basis for theoretical teaching of Obstetrics. That this subject will be considered and taught in a more practical and definite manner after using these two books goes without saying. Both women recognize the greatness of the work and bring the nursing of mother and babe not only to a science, but, with a deep, reverent feeling, show that the life of the nation is in the keeping of the nurses caring for these cases. A conviction that this field has been neglected and that there is great need of skilful nursing to reduce the mortality of mothers and babies is felt by both Miss Von Blarcom and Miss Cadmus. The latter says: "Defective points in the ordinarily accepted training in obstetrical nursing may be noted as follows: 'The comparatively few prepared instructors and supervisors, the limited and uncertain time devoted to this subject because of multiplicity of duties, inadequate teaching personnel, difficulty in holding permanent and efficient supervisory workers and poor co-operation between supervisors and instructors.'" Miss Cadmus' book is specially designed for the instructor in arranging lectures, classes, quizzes and demonstrations, using some textbook as the basis of instruction. One would wish that every instructor would use Miss Von Blarcom's book, with its full, clear, well-illustrated chapters. Miss Van Blarcom's painstaking study of technique in the principal hospitals of England, Canada and the United States particularly fits her to present the practical and theoretical aspects of this subject. The book is divided into sections, viz., Anatomy and Physiology; The Development of the Baby; The expectant Mother, The Birth of the Baby; The Young Mother; The Maternity Patient in the Community; and The Care of the Baby. It is hard to refrain from quoting at length from the introduction, showing as it does the true nurses' ideal of obstetrical nursing. She says, among other things, "We cannot

build a strong race with sick and maimed mothers and babies, and we can scarcely have other than sickly and maimed mothers and babies without care." "Apparently, then, our national health is in a large measure dependent upon good obstetrics, and good obstetrics includes good nursing." The nurse equipped with Miss Von Blarcom's textbook will be ready for all situations connected with care of mother and baby, and it will guide her in her professional work.

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## Letters to The Editor



The Editor regrets that two letters received recently for publication in the journal cannot be printed at present, as the rule of sending the name of the writer (not necessarily for publication, but as evidence of good faith) was not conformed to. If the correspondents will take this as notice and will send name and address, their communications will find a place in the magazine.

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Dear Editor:

With due respect for some sound business advice presented to us in Mr. Bradley's letter, allow me, from a nurse's point of view, to endorse and criticise Dr. Musgrave's and Mr. Bradley's articles respectively, also to explain why some of the latter's suggestions would prove ineffectual if applied to "the great and important industry of caring for sickness and maternity;" one might also add of "dependency."

First, while entirely agreeing that many, very many, fully appreciate "the honest repugnance felt by the ordinary plain citizen" against "our charitable and semi-charitable methods," alas! too few realize how serious the situation really is or how urgent the need of adjustment.

This "great and important industry." This most humane of all human efforts remains in a condition of "unsatisfactory accomplishment"—a state of chronic "financial distress"—because relief, adequate relief, will come only when we "resort to government" or state collection and distribution of funds for a health service. We may call it "state subsidies," "state insurance." Yes, call it what you will, in the end it is **money**—actual dollars and cents—that will supplement or provide a percentage of the costs and maintain a working balance in cash for all public health service, including medical and nursing care of the sick and dependent, preventative, instructive and remedial.

Again, quoting from Mr. Bradley's letter: It is his suggestion that "two chief remedies, namely, (1) more extended resort to Government and taxpayers," (2) greater contributions from philanthropists is not the true way out." "The true way is what has proved the normal ordinary and effective way for nearly every organized effort to serve public needs." But has it? Did we succeed in selling the necessary education to the public, otherwise the "consumer?" Indeed no! We forced education upon many and compelled others to pay for it by one of the most satisfactory business systems on record, namely, taxation.

Funds for all organized health work and for the care of all state dependents will eventually be raised by a similar system; distribution of these funds will be by the same methods except that the "ordinary plain," self-respecting citizen will continue to pay a percentage of the costs of his family illnesses, also to contribute some part of the expenses of his family increases, granting that it is "good business to pay promptly for good service rendered," by which method many motor repair shops do profitable business. The work of caring for the broken-down, worn-out, under-nourished, decrepit bodies of the human family, together with the industry of bringing new and healthy members into it, is not a business at all, but is the work of art, of "mercy," which should



not be "strained" financially. Furthermore, this work did not suffer for recruits to "carry on" until we commercialized our methods. Please to understand, however, that to finance the work of adequately caring for the sick and of teaching health by good business methods, and to commercialize this work, are distinct and separate conditions. No nation has attained to the former state, and 'tis the "commercialism" of the present era that has so unsettled and distorted our system of caring for the sick and afflicted. The remedy or adjustment will not be found in sufficient funds alone, nor yet in a sounder business system, although, mark you, these are outstanding needs. Quoting Dr. Musgrave: "An edequate health service will be supplied by an appropriate, unselfish, well-conceived, well-co-ordinated, well-directed," and, allow me to add, "co-operative organization of devoted, well-trained members of the professions, Medical and Nursing." A percentage of the costs of this service will be borne by the "consumer," the balance, or an additional percentage, will be collected and distributed through the State Treasury. Only thus can we hope to eliminate superfluous, or, as Dr. Musgrave has defined them, "paper organizations of this organization-mad era."

In some of our larger cities there are at least ten or twelve nursing or "near-nursing" organizations, and innumerable health organizations of "social or philanthropic origin." Again quoting: "These exist in numbers because, 'physicians and nurses,' especially nurses, are being used by 'educational and political bodies and by persons for purposes that are too often unsound and visionary,' and, as further explained, "because we have not the power as individuals nor the character or organization to influence the situation." In justice to at least some members of the professions, I would like to alter that last phrase. We have the organizations; what we lack is the spirit of co-operation, also the power to influence not the situation but those individuals in our own ranks who are satisfied with conditions that hinder progress because of self-interest. In other words, readjustment might mean the loss of a smug position.

"The great cost of the prevention and cure of disease is not due to extravagant charges. The question is not whether a nurse receives \$5.00 or \$6.00 per day," but health work "as now operated," with dozens and hundreds of "independent elements," (superfluous organizations), costs the public "far in excess of what it should, and it behooves all leaders (nursing, whether self-appointed or otherwise) to give serious consideration to this phase of our problems."

The overhead charges of a dozen organizations would be more than sufficient to finance the upkeep of a Central Bureau of Nursing, one that would cover the work of all women who are employed as nurses or who are engaged in public health work, (using the term in its broadest sense, that is (1) a department for nurses for private duty, meaning resident service in institutions and in the home; (2) a department for nurses for a visiting service, including Preventative, Instructive and Curative; also to supervise the work of the secondary or non-graduate group, including trained dietetic workers. The Public Health staff, as we know it, would then be reduced to school inspection and such service as covers a purely public service. That such a system will not meet the approval of many leading specialists, clearly however, the day is drawing when "Leaders of the professions engaged in prevention and cure of disease must recognize that we are all essential parts of the machinery required to function in mass action."

In the interests of public health, "God speed the day when we shall find it good again to be a nurse," and "The happiness of the world will take another long step in advance, because the professions recognize neither poverty nor riches," and "Nurse to nurse the world o'er shall sisters be, for all that." Yes! a'that and a'that, "Their d'ignity, and a'that."

M. H. GIBSON, R. N.

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Will some one say, then why not ill for good?  
 Why took ye not your pastime? To that man  
 My work shall answer, since I knew the right,  
 And did it; for a man is not as God,  
 But then most Godlike being most a man.

*Love and Duty.*

# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
 Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
 Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

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### Manitoba

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Miss Nora Armstrong,  
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 1883 Third Avenue, West,  
 Vancouver, B.C.

## Public Health Nursing in Canada

In preparation for the 1922 annual meeting at Edmonton, a questionnaire was sent to the convenors of the public health committees of the various provinces, with the idea of securing a statement of the present status of public health nursing in Canada. The accompanying table was compiled from the replies. Other information, which does not lend itself to tabulation, follows, arranged by provinces:

	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Victorian Order of Nurses	..	27	14	46	99	16	5	9	28	244
Departments of Public Health										
Provincial	..	14	7	0	19	50	17	21	4	132
Local	..	..	1	41	149	19	4	..	10	224
Departments of Education										
Provincial	..	..	0	0	12	0	14	..	0	26
Local	..	8	0	0	95	14	4	5	17	143



	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Hospital Out- Patient Departments or Auxiliaries	..	2	2	19	9	6	..	..	2	40
Industrial Firms	..	1	1	27	22	8	..	..	1	60
Red Cross Societies— Provincial	3	..	0	0	2	0	9	..	7	21
Local	..	1	0	0	6	1	..	..	5	13
Other Agencies, Public and Private	..	14	2	..	59	8	4	7	..	94
<b>TOTALS</b>	<b>3</b>	<b>67</b>	<b>27</b>	<b>133</b>	<b>472</b>	<b>122</b>	<b>57</b>	<b>42</b>	<b>74</b>	<b>997</b>
Members of Provinc'l Associations	..	36	19	80	336	60	..	..	74	605
Non-Members of Provinc'l Associations	..	31	8	90	136	62	..	..	..	327
Members of Public Health Sec., C.N.A.T.N.	..	36	16	50	252	60	34	27	67	542

#### PRINCE EDWARD ISLAND

The Red Cross Society is still carrying on the public health work alone, for the Government. Although the Government has given credit for all that has been accomplished, no financial support has yet been given.

The work has had to be carried on rather differently from elsewhere, as there are no municipalities nor county councils. Our object is to interest the people from all parts of the Province so that they will assure the Government of their willingness to be taxed, in order that public health work may be carried on. It is expected that by next year public opinion will be strong enough to accomplish this.

The greater part of our work, at present, is being done among the school children, although in every district visited the nurse holds meetings and tries to get in touch with the families where there are infants, expectant mothers and tuberculosis patients.

During the winter months only one nurse was on duty, for, owing to the heavy snow, it was impossible to visit the schools, excepting in or near the larger centres.

Since the work was begun in March, 1921, 38 schools have been visited and 3205 children have been weighed and measured, received a complete physical examination, had their health habits checked up on their cards and been encouraged to change them according to their individual needs.

In every case the doctors living nearest to the schools have helped with the inspections gratuitously.

In addition to the parents having been notified by slips of all defects needing attention, the nurses have made 1338 calls to the homes of school children as well as 635 infant, pre-natal and tuberculosis visits.

The home visiting has proved of great advantage, for some of the parents who paid little attention to the slips have, after a personal visit, been convinced of the importance of having defects corrected and been willing to co-operate with the nurse in encouraging the child to improve its health habits.

The home visits have, undoubtedly, been the means of changing the attitude of the people with regard to the work being done by the Red Cross. As elsewhere, meetings are usually attended by those least needing the information.

Where the children need to be operated on and the parents are unable to pay, satisfactory arrangements have been made with the three Island hospitals or with the local doctors.

So far only one Red Cross Health Centre has been started, owing to the scarcity of nurses. In August the centre in Charlottetown was opened for conferences one day a week and Saturday mornings. In the ten months

1,808 visits have been made by expectant mothers, mothers with babies or children, or by school children themselves.

The interest of the girls and boys in health habits has been most gratifying, for, although there is no organized Nutrition Clinic, we now average 250 monthly visits at the centre by the school children, who come regularly to be weighed and to have their habits checked up on their cards. During the winter, classes and demonstrations were given to the girls in home nursing and the care of infants and children.

The Red Cross had a health booth at the Provincial Exhibition last September, which proved quite a success, as it was visited by thousands of people who received literature and had the exhibit explained to them. Babies and children were weighed and measured and advice given to the mothers. Each day two doctors and a dentist were present during the afternoon, and talked to the mothers, individually and collectively, examining the children when requested to do so. On two evenings, addresses were given by Dr. Royer of the Massachusetts-Halifax Health Centre.

### NOVA SCOTIA

Total number of women other than graduate nurses employed as Public Health nurses in the Province: Two workers connected with public health work in this province and their duties chiefly of clinical nature.

#### New Work Organized During the Year

A day camp for delicate children was financed by the Halifax County Anti-Tuberculosis League last summer. This camp was held on Admiralty Home property and was under the supervision of the Executive Officers of the Massachusetts-Halifax Health Commission.

In the past year there has been an increase in the staff of the Provincial Department of Health and the Massachusetts-Halifax Health Commission. In addition to the nursing staff, the Massachusetts-Halifax Commission appointed a visiting dietitian last autumn.

#### New Work Contemplated for the Future.

It is anticipated that the public health centre which is being built by Dalhousie University shall be completed this year. This Health Centre will serve as an outdoor clinic to the various hospitals in that vicinity, namely, the Victoria General Hospital, Children's Hospital, Salvation Army Maternity, and the Halifax County Hospital for Advanced Cases of Tuberculosis.

A mobile clinic carrying a dentist, tuberculosis specialist, and moving pictures, is being equipped to begin work in Antigonish County next week. This clinic is being financed by the Municipality and the Red Cross Society, and it is expected that this work will be extended to all parts of the province.

#### Facilities for Training of Nurses for Public Health Work

(a) Graduate: A six months' course in public health nursing has been established at Dalhousie University at which only graduate nurses are admitted.

(b) Pupil Nurses: The pupil nurses from two training schools in the province are given a short period of training in Child Welfare work and district nursing.

### NEW BRUNSWICK

Total number of women other than graduate nurses employed as Public Health nurses in the Province. None.

#### New Work Organized During the Past Year.

In St. John city eight nurses are employed by the Victorian Order. General visiting nursing, kindergarten visiting and child welfare work carried on.

Four Well-Baby Clinics are now in operation in the city; three of those clinics have been opened during the year.

A "milk fund" for children up to two years of age was established by the St. John Women's Council, and the distribution of the milk was under the control of the Victorian Order Nurses. Collection milk cans are placed in all prominent buildings, such as hotels, theatre lobbies, etc., and generous contributions are being received. A tag day was held in April for this fund and a large sum was collected. A special fund is now available for supplying milk to sickly children over two years of age.

Through the generosity and co-operation of the Provincial Red Cross Society and the Victorian Order of Nurses, six nurses were trained in Public



Health work at the Victorian Order Centre, St. John, and are now engaged in this work in the rural parts of the province, under the supervision of the Department of Health. The Provincial Red Cross have financed the course of training and are paying salaries of nurses for one year; at the expiration of that period the community in which the nurse is working must maintain her.

Public Health exhibits and lectures were attractions at the autumn fairs held in three cities of the Province.

In April last a "tuberculosis case-finding campaign" was held in St. John under the direction of the St. John Association for the Prevention of Tuberculosis, the Provincial and Local Health Departments co-operating. A very intensive publicity campaign was carried out before the clinics opened.

Lung specialists from Nova Scotia, Prince Edward Island, and New Brunswick were in attendance at the four clinics opened in different parts of the city. Patients were examined free of charge and doubtful cases X-Rayed or fluoroscoped. In all about eight hundred patients were examined during the three days of the campaign.

Eight clinics for the control of venereal disease have been established by the Department of Health at different points throughout the Province under a medical supervisor. Each clinic was equipped by the Health Department and is in charge of a competent medical man.

A branch of the Provincial Laboratory has been opened in the Moncton Hospital under the Chief of Laboratories for the province; also a Well-Baby Clinic established and school and general nursing carried on by the Victorian Order nurses.

#### New Work Contemplated for the Future.

A free dental clinic is soon to be opened in St. John. Nutrition classes are planned for the future in connection with tuberculosis work.

The Provincial Department of Education have given permission for the introduction of the Junior Red Cross into the schools of the province at the option of the teacher.

#### Facilities for Training of Nurses for Public Health Work

A Public Health training course for graduate nurses has been carried out at the Victorian Order Centre in St. John. The General Public Hospital Commissioners are considering affiliating with the Victorian Order whereby the pupil nurses might obtain Public Health training. Lectures on Public Health are given in all the hospitals in the province to pupil nurses.

Health Week. The Minister of Health has arranged an elaborate programme for Public Health week, which will begin Sunday, June 4th. Medical authorities in the Dominion have been procured to address public meetings in all sections of the Province on subjects pertaining to community health.

During health week the Canadian Public Health Congress will convene in St. John. This congress will bring together representatives of the Canadian Anti-Tuberculosis League, The Social Hygiene, Public Health and other kindred organizations.

### QUEBEC

There are a few women other than graduate nurses employed on public health work in Quebec, but the number could not be ascertained.

During the past year nutritional and child welfare clinics have been established in Montreal, under the auspices of the Child Welfare Association. This association plans to extend its activities in the fall by demonstrating the value of pre-natal, child welfare, and nutritional clinics, throughout the province.

As a result of the survey made by the Canadian National Committee for Mental Hygiene, the Protestant Board of Education contemplates establishing a special class for backward children. As far as facilities for training nurses for Public Health are concerned, McGill University has a course for graduate nurses.

### ONTARIO

Total number of women other than graduate nurses employed as public health nurses in the Province, not known.

#### New Work Organized During the Past Year

The Provincial Department reports the following new activities:

A most interesting piece of work is developing in the northern part of the Province, taking in the country between Fort William and Winnipeg—and consists of four agricultural districts, in each of which a nurse is being placed with a supervising nurse over them all.

On account of the scattered nature of the population, it is planned to make every home a clinic. Rural work is being carried on in the district surrounding Sudbury. In Lanark County there are two demonstrating Public Health nurses who cover the entire country doing generalized Public Health nursing. This piece of work was undertaken at the request of the County Council of Lanark. A decision is to be made in June as to whether the work will be made permanent and the county take over the maintenance of the nurses.

Another nurse, taking Blenheim as her centre, is doing township work, doing generalized Public Health nursing. She has organized two remedial clinics where special attention is given tonsil and adenoid cases. A nose and throat specialist has been brought in at the request of the local doctors, who each give their own patients the anaesthetic when operations are performed. Local married nurses giving the nursing care, while the follow-up care is given by the Provincial Public Health nurse who organized the clinics. In all, forty cases were operated upon.

In Thorold an interesting piece of co-operative work has been tried out very successfully between the community and industry, the Public Health nurse visiting several industries and doing also the community work, with the exception of school nursing.

The Provincial Department of Education reports the appointment of sixteen (16) new school nurses, making a total of 95 local appointments throughout the Province.

The City of Hamilton has recently appointed a full-time school Medical Officer and doubled their staff of school nurses.

St. Catharines, Stratford, Oakville and Secord school, County of York, have recently appointed school dentists.

The Red Cross is co-operating with the Ontario Department of Education by lending two nurses who are working in the County of Dundas, one for a period of six months and the other for three months. By using the services, also, of a Departmental nurse, the entire county is being covered.

The Ontario Junior Red Cross organization, in co-operation with the School Health division of the Department of Education, issues literature; this literature is issued quarterly and deals with matters of health and citizenship.

The Ontario division of the Red Cross has established a nursing outpost, which was opened in Haliburton County in February, 1922. The nurse in charge does generalized public health nursing and has available at the outpost two beds, to be used for emergency cases only. This is for purposes of demonstration, and it is hoped that the county will take over the work permanently.

The Provincial Government has recently appointed a nurse at St. Catharines in connection with the V. D. clinic. This makes the fourteenth nurse assisting at these clinics throughout the Province.

With the consent of the Ontario Public Health Committee, a sub-committee was formed of industrial nurses, who have been meeting regularly since November, 1921, in order to discuss problems which they feel are particularly their own.

#### **New Work Contemplated for the Future.**

It is planned this summer to have a doctor and nurse from the Provincial Department of Health make a tour of the entire Island of Manitoulin. General clinics will be held by them.

The intensive course for school nurses which has been held for several years by the Ontario Department of Education is being held again this year, from July 3rd to August 4th.

#### **Facilities for Training of Nurses for Public Health Work**

(a) The University of Toronto has established a course for the training of graduate nurses in Public Health nursing.

(b) Undergraduate nurses in the affiliated hospitals in Toronto receive a special medical social service course.

### **MANITOBA**

#### **New Work Undertaken**

The Nurses of the Winnipeg city schools have been able to keep closer observation of all T. B. cases and contacts among the school children by means of co-operation with the City Health Department.



### Winnipeg General Hospital Social Service

Since August, 1921, one of the workers of the department interviews all patients admitted to the Out-Patients Departments. It has proved a great saving in time, both for doctors and patients.

### Brandon Red Cross District Nurse

Pupil nurses in their senior year from Brandon General Hospital now receive training with the district nurse.

### Victorian Order of Nurses

This year has added one mother's helper to the staff. Her duties are to take, as far as possible, the place of the sick mother, caring for the children, housekeeping, etc.

### Manitoba Provincial Board of Health

Child Welfare Stations established during the year, 11; Dental clinics, 2, in various parts of the Province.

In October, 1921, regulations were passed providing for the licensing and inspecting of maternity, boarding homes, and day nurseries in the Province, under the direction of the Provincial Board of Health. In the City of Winnipeg the department co-operates with the City of Winnipeg Board of Health in carrying on the work, thereby eliminating duplication of effort and yet maintaining uniformity of standards throughout the Province.

At the beginning of January, 1922, progress was registered in the appointment of a doctor to visit each nursing station in unorganized territory monthly where clinics are held, and the sick are visited in their homes. The expenses in connection with the appointment are met by the Provincial Government and the Provincial Red Cross Society.

As a result of reports sent in by the Public Health nurses, indicating the great need for some dental service in rural districts, a senior dental student was recently given a permit by the Dental Association to practice, and was appointed by the Junior Red Cross Committee to hold dental clinics in various parts of the Province where there are no dentists practising. His reports show that his work is greatly appreciated. Where possible, nominal fees are charged the people for the service.

### New Work Contemplated for the Future

None of the reports show outlines of new work being definitely undertaken in the immediate future. Without doubt every organization and association is being held back from branching out into new work by the present financial stringency.

### Facilities for Training of Nurses for Public Health Work

(a) Graduate. At present the only training given is by each individual organization when employing new nurses.

(b) Undergraduates. Pupil nurses from the Winnipeg General Hospital and Children's Hospital receive training in District nursing with the Margaret Scott Nursing Mission, and from Brandon General Hospital with the Red Cross organization.

### SASKATCHEWAN

At the present time many agencies are engaged in important phases of Public Health work in this Province: Provincial and local Public Health Departments, Provincial and local Departments of Education, Department of Indian Affairs (Federal), Saskatchewan Division, Canadian Red Cross Society, Soldiers' Civil Re-establishment Department.

Union Hospitals—Union hospitals are in operation in ten districts, 18 hospital districts have been established and preliminary organizations begun in 24 districts. The cost of construction and maintenance of the Union Hospitals is so arranged that taxation is very light—a little over 2 mills on the dollar, or roughly \$5.00 per quarter section per annum.

Trachoma—Two nurses with special training in eye diseases are employed for this work. It is interesting to note that in a survey made in the Menno-nite Settlement of Hague, of 2,300 cases examined 110 were found to be suffering from the disease, while in a re-examination in certain districts the disease was found to be practically non-existent.

Venereal Disease—Six free dispensaries for the treatment of venereal disease have been established and three nurses are employed. Examination is made of all prisoners admitted at provincial gaols and, if necessary, treatment given. During 1921, 751 prisoners were examined, and of this number 80 were found to be suffering from the disease.

**Home Nursing**—Short courses in home care of the sick are given throughout the province. Two nurses are engaged in this work.

**Child Welfare**—During 1921, child welfare clinics were held at 21 places, when 852 children were examined.

The following clinics are held in district centres: Well-baby Clinics, three times weekly; Pre-natal Clinics (begun in 1921), held in the General Hospital weekly; Chest Clinic (begun in 1920), held in General Hospital weekly. During 1921 the attendance of these clinics totalled 4,119.

Two nurses are employed in this Department. Until recently the work was mainly home visiting and care of sick babies. In 1922 a Community Health Clinic was established, where regular clinics are held.

One nurse is employed and one weekly baby clinic held.

**School Hygiene**—This Department employs 14 nurses. The unit of activity is for the most part the School Inspectorate. Travelling by car with the school inspector, the nurse reaches all rural schools. Towns and villages on railway lines are visited during the winter.

A specially qualified nurse, who is also a fully trained teacher, is attached to the staff of the Normal Schools in Regina and Saskatoon. As well as supervising the health of the students, regular lectures are given on Personal and School Hygiene, Physiology, First Aid and Home Nursing. A similar course is given by this Department, in July of each year, at the Summer Course for Teachers at the University of Saskatchewan.

Hygiene has been made a compulsory subject on the school curriculum from Grade 1 to Third Year High School.

Addresses are delivered on health topics at teachers' institutes, trustees' and teachers' conventions, school fairs and mothers' meetings, and at every opportunity exhibits of up-to-date hygienic class-room equipment are made.

**Medical Inspection in City Schools**—Eight nurses are employed for physical examination in Regina, Moose Jaw, Saskatoon, Prince Albert and Weyburn.

An Eye, Ear, Nose and Throat Clinic for free treatment has been in operation since 1914, co-operating with the local Public Health Department. A Medical Clinic was added in 1921. Much special work has been done in nutrition. Free dental service is provided in Regina and Saskatoon.

Since 1921, four nurses have been employed by the Department of Indian Affairs, to make regular visits at the boarding, industrial, and day schools, as well as the reserves in the three prairie provinces.

**Schools**—When visiting the schools, attention is paid to the sanitary condition of the building, to the food and clothing of the children, and a physical examination is made of each Indian child. General advice as to improving of school room conditions is given and provision made for all cases requiring special medical or surgical treatment.

**Reserves**—A house-to-house visit is made on the reserves. The Indian women are instructed in the importance of cleanliness, its effect on health, and are particularly taught to properly care for and feed their children.

Reports of the work performed by the nurses go to show that the object of the Department, which was to make a real effort to improve the living and health conditions of the Indians, is meeting with a large measure of success.

In connection with the Indian work, six field matrons are employed. They are not trained nurses, but they assist in the care of the sick, and give instruction to the Indian women in bread-making, knitting, sewing, etc.

#### Saskatchewan Division, Canadian Red Cross

**Outposts**—As a part of its peace-time jolity, the Saskatchewan division of three or four beds to provide nursing service for people living in remote parts of the province, far removed from doctors, hospitals and nurses. The people of the district provide a suitable building, which the Red Cross furnishes and equips, places a registered nurse in charge and bears all costs of operation for two years. Six outposts are in operation, while appropriation has been voted for four more. District nurses are maintained at certain points where outposts have not been established. The Red Cross Society has eight nurses in its employ.

**Scholarships**—Red Cross Nursing Scholarships of \$100 each are offered to High School or College students having a certain academic standing who will enter a Hospital Training School in the Province. Five such scholarships have been awarded.



**Nursing Housekeepers**—Acting in co-operation with the Registered Nurses' Association, the Red Cross has been instrumental in establishing a course of training for Nursing Housekeepers, which scheme is financed by the University of Saskatchewan, the Saskatchewan Registered Nurses' Association, and the Red Cross Society. Nine nursing housekeepers have been graduated to date and 15 are now in training.

**Junior Red Cross**—A registered nurse is employed by the Red Cross Society as Director of Junior Red Cross.

**Junior Red Cross Society**—The object of the Junior Red Cross Society in Saskatchewan is to promote in every way the necessary treatment for every sick or crippled child whose parents are financially unable to care for him in this way.

There are now 1,050 Junior Red Cross Societies, with a membership of 42,500, whose annual membership fee of 25c, together with money raised in various ways, such as concerts, picnics, etc., provide the money to pay for treatment for less fortunate children. Applications for treatment have been received for 695 cases, and to date 500 cases have been looked after.

In 1921 two fully equipped dental cars were sent out to rural and village schools in the province which are remote from dental service. A small fee is charged children whose parents can afford the treatment. All other cases are treated free. Already 1,650 children have been treated by the Junior Red Cross Dentists.

#### Department of S. C. R.

Two nurses are employed by the Department of Soldiers' Civil Re-establishment. Their work is mainly follow-up work with returned soldiers who have had Sanitarium treatment.

There are 400 such cases in the Province. Visits are paid three or four times yearly, and instructions given the patients and their families as to the care and precaution necessary to insure complete recovery.

#### ALBERTA

In order to grasp the growth of Public Health work in this portion of the Dominion, we must retrace our steps to the commencement of the nineteenth century—before the birth of this Province to the days when the North-West Territories spelled the Hudson's Bay Company, a few daring travellers and explorers. If we pause to think for a moment, it is small wonder that this City of Edmonton holds such a store of valuable records left by men of science, traders and chance travellers, as well as a wealth of reminiscences in the minds of "old timers."

From a geographical point of view, Fort Edmonton gained a natural strength. Situated on the banks of the Saskatchewan River, it became the centre or depot for trade and travel carried on by the navigation of many waterways. To this northern fort came the packer and trader.

In searching early Hudson's Bay records, it is found that a doctor was stationed at each Fort. We know that only the sound in health, mentally and physically fit, arrived at these isolated parts, and sickness and disease were practically unknown, but epidemics of smallpox and scarlet fever ran rife among the Indians.

As early as 1820 an observation of interest is recorded by Sir John Franklin on the prevalence of goitre among Indian women in the vicinity of Fort Edmonton and the banks of the Saskatchewan River. I merely mention this as an interesting fact—it remains ancient, not present history. With the aggression of the white man, we find recorded daring tales of self preservation among the first settlers scattered here and there in this, then, formidable north—succouring one another in distress, each man and woman became public health workers when public health meant public safety, and the latter state had a more literal meaning than we think of it to-day.

The vanguard of public health has ever been the medical missionary. The first records we get of organized work conducted by women in this portion of the country is the account of the wonderful labours carried on by the Grey Nuns of the North—too much in praise and commendation cannot be said of these noble women who risked so much that they might relieve the sufferings of others. They established a hospital at Fort Providence as early as 1867, taking a complete dispensary with them and having one yearly visit from a doctor. We find scattered over the country bodies of women representing different religious organizations, facing hardships and privations in their endeavour to safeguard the health of the people. An appeal came, under the auspices of the

Presbyterian Missions in 1905, for a hospital that would minister the needs of the foreign settlement of 45,000 immigrants adjacent to Vegreville. In 1906 the Rolland M. Boswall Hospital was opened in Vegreville, endeavoring to cope with the needs of the largest Galician colony in Canada. In 1909 the late Mrs. Agnes Sorrell Forbes commenced the work of the pioneer hospital in Grande Prairie,—a caboose and tent kitchen comprised the structure of this institution. Alone she carried on a magnificent work, which terminated in the erection of a fully equipped modern hospital.

The aforementioned groups of workers are only a few of many corresponding organizations scattered throughout this country; existing conditions created every nurse a district nurse; the trail, tepee and log cabin alike comprised her districts, the limits of which were the border on the south and the Arctic Seas on the north.

The first records we get of legislation for Public Health in the North-West Territories were in 1877, when an ordinance was passed by the Lieutenant-Governor-in-Council respecting Infectious Diseases, and in 1883 an ordinance was passed respecting indigent children. On November 29th, 1890, at the Legislative Assembly of the North-West Territories, an ordinance was passed to incorporate a General Hospital at Calgary, and in 1892 an ordinance was passed respecting Public Health, which was introduced by Dr. Brett, the present Lieutenant-Governor of the Province of Alberta.

The Public Health Nursing Branch came into existence on April 1st, 1918, under the supervision of the Department of the Provincial Secretary. In the spring session of the year 1919 the Public Health Department was created.

It is a matter of pride to Albertans that this Province was the first in Canada to arrange a course in Public Health nursing for her school inspection nurses before the actual University recognition was given.

We arrive at the present year with thirty nurses on the Public Health staff; our work is so diversified as to cover a wide range of activities; briefly it may be described as follows:—Medical inspection of schools, child welfare clinics, travelling lecturers, teaching "home nursing" and "first aid" to the agricultural students, nurses doing district work in isolated parts where there is no doctor—the latter have special obstetrical qualifications.

The predominant feature of our extension work for this year is the opening up of districts in our foreign speaking settlements. Two of our Public Health nurses will work among these new Canadian citizens, which are comprised principally of Ukrainians. These people take most kindly to the work of a nurse and are eager to accept our Canadian teachings.

It would be difficult to bear emphasis upon any particular branch of the work. A feature that is ever prominent and demands our first and last attention is our Child Welfare Clinics, which embrace the triple heading of pre-natal, infant and pre-school age. The ultimate effort of the nurse is to reach mothers and babies in her district through whatever channels present themselves.

It is perhaps necessary to draw your attention to the fact that the work of the nursing branch of the Public Health Department is all carried on in the rural portions of the Province. The work of the clinic is found invaluable and the response most gratifying. By means of the school inspection and nurses' follow-up work, clinics are readily established in each Public Health district. In addition to this, through the medium of the Soldiers' Settlement Board, instructions have been given to wives of returned men at various centres throughout the Provinces.

A demonstration train, under the Department of Agriculture, made a trip to the north country. A special feature of this train was the lectures and demonstrations given by one of our nurses to both school children and adults, the audience being most appreciative.

A word about our district nurses: As they constitute the health centre for the district, establishing clinics for infants is part of their routine work.

The drought stricken area of the south has claimed special attention; four nurses were stationed there doing survey work and occupying themselves in any capacity in which the services of a nurse could be helpful to the people. The result of this survey has been the means of bringing material relief to these sorely pressed settlers, and provision made for the proper medical care of children, who, through the misfortune of existing circumstances, have been unable to obtain proper treatment.

I mentioned the fact that our work was restricted exclusively to rural districts. I must add the necessary exceptions: with the co-operation of the City of Edmonton, a Child Welfare Clinic is conducted twice a week during



the entire year. From the first of the year there has been an average attendance of 24, and 475 home visits per month have been made. A similar type of Clinic is conducted in Medicine Hat.

An evidence of the progress and interest in the well-being of our young citizens is obvious when we see around us the splendid type of schools and churches,—public health must ever go hand in hand and become part of our religious, educational and social status. We have the background and material with which to work; it is our duty to go forward and carry on.

#### BRITISH COLUMBIA

Number of women engaged as Public Health nurses who are not graduate nurses, none.

#### New Work Organized During the Year

In connection with the Victorian Order of Nurses, well-baby clinics have been established in two centres. Victorian Order nurses are in charge and a child's specialist in attendance.

Two nurses have been appointed by the D. S. C. R. to do follow-up work of tuberculous patients in rural districts.

The Red Cross Society has established considerable new work in rural districts; classes in home nursing, first aid, and little mothers' classes for girls from 10 to 14 years of age have been organized. Emphasis is being laid on the conducting of home nursing classes, and, in order to carry such knowledge to the rural districts, an organizer is employed who spends about two weeks in a district. Her function is to stimulate interest in the organization of new classes. A first aid class for children, or a little mothers' class, is held Saturday mornings. The organizer is followed by a travelling instructor, who conducts the classes. The instructor is supplied with a suit case with equipment for class work. One hundred and forty-five women are attending the classes in one district. Health exhibit windows are features which have been successfully developed by town nurses.

Special Public Health Training for graduate nurses is provided by The University of British Columbia, an eight months' course in Public Health nursing having been established by that University.

MURIEL MACKAY,  
Secretary, Public Health Section, C. N. A. T. N.

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### WHAT SHALL I DO WITH THE MONEY ?

Many a holder of the Canadian Government bonds maturing December 1, 1922, has been asking this question. The advertisement of the Minister of Finance supplies an answer. The investor, by giving notice to the manager of any one of the branches of a chartered bank, can arrange to get new bonds bearing the same rate of interest, the highest possible security and a liberal rate of interest.

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### GOOD INTEREST AND ABSOLUTE SECURITY

A liberal rate of interest with absolute security is the attractive offer made by the Minister of Finance to holders of the Canadian Government war loan bonds maturing December 1, 1922. The offer is not made to investors generally, but only to the holders of the bonds soon to mature. The bonds to be retired, bearing interest at five and one-half per cent., will be exchanged for new bonds bearing the same rate of interest. See the advertisement of the Minister of Finance.

# Private Duty Nursing Department



**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Isabel Crosby, 97 Avenue Road,

**Nova Scotia Representative**—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

**Quebec Representative**—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

**Ontario**—Miss Helen Carruthers, 34 Whitney Ave., Toronto, Ont.

**Manitoba Representative**—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

**Saskatchewan**—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

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## Annuities

By EDITH GASKELL, Chairman, Insurance Committee of Ontario Private Duty Section.

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There are two facts in life over which we have absolutely no control—we must all grow old and we must all die. The years of active service in our profession are fewer in number than in that of any other open to our sex. How necessary, therefore, and how wise that we should set out early in life to make some provision for the years of decreasing energy which must come to all of us, so that when we reach the sunset of life we may not find ourselves dependent upon that coldest of all things in this whole world—charity!

Every nurse knows how impossible it is, out of her precarious and ever-varying income, to save anything like a sum sufficient to provide for her declining years, and as it is only older nurses like myself who fully realize the financial anxiety that must come to all these young sisters of ours who are to take our places in the ranks of our profession, it is therefore our bounden duty to do everything in our power to see to it that they are fully advised as to the urgency of thinking of the years to come; and to put forth every effort to help them remove from their lives that sordid financial anxiety which must sap peace and pleasure from their existence.

In these days of financial strain, the necessity of making provision for one's old age is being brought home to almost everyone, as evidenced in the many appeals from ministers, teachers, etc., etc., for some sort of



proposal whereby even a small annuity or pension may be guaranteed to them in their declining years. Nurses, too, are awakening to the fact of this necessity, and the Ontario Private Duty Committee on Insurance decided to look very fully into the possibility of establishing a pension for Canadian nurses.

The only fund we found operating on a large scale at all was the Royal National Pension Fund for Nurses, of England, heavily endowed by private individuals and operated solely for the benefit of the nurses. In England, too, many hospitals take out a pension for each pupil nurse when she enters their school, deducting the small premiums from her monthly salary; thus, when she leaves the training school, she is started out with a small savings account, and a valuable habit has been forming for three years. Might not Canadian hospitals do well to consider such a scheme for the benefit of their nurses? And why should our pension scheme not be endowed as theirs is by philanthropic and wealthy individuals who realize that a nurse's fee falls far, far short of any adequate remuneration for her services? At first it was thought that perhaps we might enter this fund, but it seems it is open only to graduates of the British Isles. We then turned our attention to our own insurance companies to see what they might do for us, and we took the various proposals of the R.N.P.F. to Mr. May, the Manager of the Sun Life Assurance Company, and one of the most expert actuaries in Canada. He was greatly interested, and, after looking it over, he said he believed he could make us a better proposal, offering us cheaper rates, and in a couple of weeks he submitted to us the proposal you have before you; and as he promised, it is superior to that of the R.N.P.F. The Sun Life, I may add, writes more annuities in England than do any of the English insurance companies.

We had been advised by many that there could be no possible use in our asking the Government to do anything for us, but as the Government boasts that no other company can compete with them in the matter of pensions, we decided that, now that we had so good a proposition from the Sun Life, this was the proper time to approach them. We accordingly wrote Dr. Helen MacMurchy, and Professor Cameron, who is our never-failing friend and adviser, who wrote to Mr. Bastedo, Superintendent of Annuities at Ottawa, asking their opinion as to the probability of receiving any help from the Government in the matter of a pension. They had a conference, and Mr. Bastedo, although very sympathetic himself as to our scheme, feared the Government, which was already over-burdened with just such demands, would be unlikely to consider us at all. However, he said that if we would lay our case before him clearly in writing, he would promise to bring it before the Minister at as early a date as possible. This we did, sending him at the same time the excellent proposal of the Sun Life; and in less than a month we had a pension proposal from the Minister at Ottawa, much more favorable to us than that of the Sun Life.

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Now let us compare the two proposals:

- (1) In event of death prior to age 55, all contributions, along with four per cent. compound interest, are returned by the Government;  
In the Sun Life, the first year's contributions are deducted and there is no interest at all allowed. If the Sun Life were to allow four per cent. compound interest, their rates would be even higher than they are;
- (2) The Government pays the first payment so soon as the annuitant reaches 55; the Sun Life not until thirty days after;
- (3) The Sun Life pays annuities in forty-five different countries; the Government in all parts of the world, and the cheque is sent so that it reaches the annuitant as nearly as possible on the date on which it falls due;
- (4) The Sun Life allows the withdrawal of all contributions except those of the first year; the law compels them to do so. The Government allows of no withdrawal. The difference in the rates will show you what you have to pay for the privilege of withdrawal, which really destroys the whole object of the pension;
- (5) If the annuitant should marry, the government allows the contract to be converted into a last survivor contract on their joint lives.

#### DOMINION GOVERNMENT ANNUITIES

##### PROPOSAL TO PROVIDE A PENSION FOR THE MEMBERS OF THE NURSING ASSOCIATION.

The pensions to be based on, a unit of \$10.00 per month, commencing at age 55, or an even number of years from the date on which the first payment on account of the purchase was made. For example, if the first payment was made on her 25th birthday, the first payment of annuity would fall due on her 55th birthday. If the first payment of the purchase money was made when the annuitant was 25 years and 3 months old, the first payment of annuity would fall due when she was 55 years and 3 months old.

In the event of the annuitant's death prior to age 55, all contributions made will be returned to her legal representatives with 4% compound interest.

If at the date fixed for the annuity to begin the annuitant has not a sufficient amount at her credit to purchase an annuity of not less than \$50, all payments made with 4% compound interest will be returned to her in a lump sum.

In the event of death between ages 55 and 56, the unpaid balance of one full year's pension will be paid to her legal representatives.

The purchaser is not confined to paying the premiums as stipulated, but may increase the amount at her convenience if she desires to do so.

There is no penalty if the annuitant should fall in arrears in making payments, but the arrears may be made up either by a lump sum payment or by increasing the monthly premium to be spread over the remaining years of the contract.

Withdrawal of payments is not permitted. It is considered that this is a weakness in any pension scheme, as, in 99 cases out of 100, payments would not be restored, and the object of the purchase, namely, to make provision for old age, would be defeated.



The annuitant could have her annuity begin at any age desired provided the payments she had made would buy her an annuity of not less than \$50 at her then age.

If annuitant should marry, the contract may be converted into a last survivor contract on their joint lives.

Annuity cheques are sent to all parts of the world, and in time to reach their destination on date payable.

For table of rates, see attached sheet.

S. T. BASTEDO, Superintendent.

Age	Annual Premium for an Annuity of \$10 per month	Monthly Premium	Age	Annual Premium for an Annuity of \$10 per month	Monthly Premium
25	\$26.92	\$2.25	38	\$ 63.68	\$ 5.31
26	28.50	2.38	39	69.16	5.77
27	30.20	2.52	40	75.37	6.29
28	32.05	2.67	41	82.51	6.88
29	34.06	2.84	42	90.77	7.57
30	36.24	3.02	43	100.44	8.37
31	38.62	3.22	44	111.91	9.33
32	41.22	3.44	45	125.71	10.48
33	44.06	3.68	46	142.62	11.89
34	47.21	3.94	47	163.80	13.65
35	50.69	4.23	48	191.09	15.93
36	54.54	4.55	49	227.54	18.97
37	58.85	4.91	50	278.65	23.23

### SUN LIFE ASSURANCE CO.

#### PROPOSAL TO PROVIDE A PENSION FOR THE MEMBERS OF THE NURSING ASSOCIATION.

The Pensions to be based on a unit of \$10.00 per month, commencing at age of 55.

Members will be allowed to take a pension equal to any multiple of \$5.00, with a minimum of \$10.00 per month.

In the event of death prior to age 55, all contributions made will be returned.

In the event of death between ages 55 and 56, the unpaid balance of one full year's pension will be paid. We could vary the proposal and guarantee the pension for a number of years, but it will materially increase the deposits which will have to be made.

In the event of withdrawal, all contributions except those of the first year will be returned.

The deposits can be made monthly or annually in advance.

The rates quoted below are for a pension of \$10.00 per month, the first pension payment to be made thirty days after the member reaches age 55:—

Age	Annual Premium	Monthly Premium	Age	Annual Premium	Monthly Premium
25	\$29.70	\$2.50	38	\$ 70.45	\$ 5.90
26	31.50	3.65	39	76.45	6.40
27	33.40	2.80	40	83.35	6.95
28	35.45	3.00	41	91.20	7.60
29	37.50	3.15	42	100.30	8.40
30	39.95	3.35	43	111.00	9.25
31	42.60	3.55	44	123.55	10.30
32	45.50	3.80	45	138.70	11.60
33	48.65	4.10	46	157.25	13.10
34	52.15	4.35	47	180.40	15.05
35	56.10	4.70	48	210.30	17.55
36	60.30	5.05	49	250.10	20.85
37	65.10	5.45	50	305.90	25.50

### **Annual Report of the Ontario Private Duty Nursing Committee, 1922**

It is with mingled feelings of encouragement and disappointment that the Ontario Committee presents its first annual report. Encouragement because of the keen and widespread interest that has been aroused among the Private Duty nurses of Ontario in matters pertaining to their profession; disappointment because it was left to the Ontario Committee to bear almost the entire expense of organization, and this, after all the other provinces had approved of the one dollar fee, the National Committee rightly expected would defray all expenses and still leave a substantial surplus to provide a programme for the National Convention, help pay the expenses of the officials, and for the undertaking of any new work entailing the necessity for funds.

However, through the generosity of the Ontario Provincial Association, the Private Duty Committee was given a sum of \$250.00 to help defray the expenses of the Private Duty Committee, in addition to a sum of \$100.00 most generously voted to the National Convenor of the Private Duty Section to help defray her expenses to Edmonton, the balance of her expenses being paid by the Private Duty nurses of Toronto.

The finances of the National Committee are still burdened by a deficit, and this we feel should in all fairness be paid by the other provinces and not by Ontario, who has already paid more than her share.

In October the Provincial Committee called for a general meeting of all the Private Duty nurses, at which the history of the organization of the section, its aims and its plan of work were fully presented by the National Convenor. It was a large and enthusiastic meeting, there being 500 nurses present, and we report with pleasure that the fourteen following meetings which have been held have been equally harmonious and enthusiastic.

For the reason that the application forms and by-laws did not reach the other provinces until the first of the year, it has fallen to the Ontario Committee to provide the material for the magazine, but now that all the other provinces have organized their committees, we have assurance of contributions from all of them.

-As the question of insurance for nurses has been arousing a good deal of interest during the past year, the Ontario Committee decided to go into the matter as fully as possible, and many meetings of the Special Committee on Insurance were held, with the result that many offers of special policies for nurses at reduced rates were secured, and the whole subject placed very fully and clearly before the nurses by competent insurance people. Already a goodly number of nurses are taking on various forms of insurance, especially sickness and accident. In addition to this, the Ontario Committee, through the kindness of Doctor Helen MacMurchy, of Ottawa, and Professor Irving Cameron,



for many years Professor of Surgery in the University of Toronto, who used their influence in our behalf, we were enabled to secure from the Dominion Government a very special proposal to provide a pension for all members of the nursing profession, copies of which proposal will be sent to every member of the nursing associations.

The Sun Life Assurance Company of Canada also did for the nursing profession what has never before been done in the history of insurance, in that it also offered a special proposal for a pension for nurses, and these two proposals will be presented during this morning's programme.

In pursuance of its plan to endeavour to do something to provide a better nursing service for the sick, the committee decided to try to institute in connection with the Central Registry of Graduate Nurses, Toronto, a body consisting of over 1000 members, a system of hourly nursing whereby the services of the skilled nurses might be brought within the reach of those people of moderate means who would not care to ask for the services of the Victorian Order of Nurses, and yet who could afford to pay perhaps for two or three hours' service. Before doing this the medical profession was widely consulted as to the possible demand for such service, and they expressed themselves as greatly pleased with the proposed scheme. The Victorian Order of Nurses, too, was also consulted in order that their province of work should not be encroached upon, and we were assured by them that we would not be doing so in any case, but rather, on the contrary, be supplying a long-felt want of the middle classes which they were unable to fill.

The system of hourly nursing has worked out very successfully, and the Ontario Committee is now hoping that other registries may follow the example of the Central Registry of Graduate Nurses, Toronto.

For the first time the Private Duty Committee had the privilege of presenting a report at the Graduate Nurses' Provincial Association, in which they proposed the following resolutions:

1. That the Graduate Nurses' Association of Ontario be asked to finance this Private Duty Committee as it does its other standing committees;
2. That each affiliated association be asked to appoint one member to communicate with the Provincial Private Duty Committee upon all matters in connection with the Private Duty nurse;
3. That this Private Duty Committee would strongly suggest that all hospital superintendents be asked to discontinue the practice of placing student nurses on special cases and collecting a fee for her services while graduate nurses are available, which is not in the interest of the student nurse, the patient or the profession;
4. That the suggestion of special clinics for graduate nurses was referred to the Private Duty Committee for consideration;

all which resolutions the Ontario Committee are earnestly hoping will be passed by all the other provinces.

# Department of Nursing Education



## Affiliation of Schools of Nursing

The subject of the affiliation of hospitals is one that has received much discussion of late years. This is chiefly due to the fact that it is part of the great educational movement which has more or less revolutionized the nursing world during the past quarter of a century.

Hospitals are realizing more and more that if they are to aim at giving a 100% efficiency of service to the public, among other things they must prepare their nurses to meet the ever growing demands of the various nursing fields which have been called into existence by the needs of the hospital, the doctor, the patient and the community.

Hospitals vary in capacity and purpose—from the large general hospital with its 200-1000 beds and its splendid opportunities for the training of pupil nurses to the small hospital with anywhere from 30 to 100 beds, and its limited capacity as a training school.

We cannot all train in the large, well-equipped general hospital, because the proportion of these is less than 10% of the total number of hospitals, that is to say, of the various hospitals in the country over 90% are hospitals with less than 100 beds.

In the small hospital, the extent and thoroughness of a nurse's training depends a great deal on the type of Superintendent, but even in the most favorable cases the training in these must be narrow and one-sided because of the limited number of patients that the hospital can accommodate.

Chiefly, to fill in this blank in the training of the "small hospital" nurse, the method of affiliation was first adopted, and to-day we find it playing an important part in many of our training schools, both large and small. This arrangement is still far from being perfect, but with all its present limitations it is undeniably one of great educational value and one which most of our hospitals owe to their nurses-in-training as a matter of justice.

In most cases the length of training is three years. I think that most of you will agree with me that at the end of that time a nurse should have acquired a sound theoretical and practical knowledge of general nursing, and I would also add, some knowledge of any specialized branch of the work that she may want to follow up.

Looked at from the point of view of the small hospitals, one of the greatest difficulties of affiliation seems to be the difference in education standards. In order to make affiliation possible, it is necessary to get pupils with as high education qualifications as that of the hospital with which it is affiliating.



Superintendents tell us that it is very often impossible to attract the desired type of girl to the small hospital, but in this case affiliation supplies the very need which it creates. In all small communities we find the well-educated type of girl who desires to take up training somewhere near her home, yet who hesitates to do so in the small hospital because of the limited training which it gives. When that hospital can promise a six or a twelve months' affiliation in one of the large hospitals, and perhaps a course in contagious diseases or public health work besides, it immediately becomes much more attractive to the applicant, and in consequence has more applicants and a better type to choose from.

Whether an affiliating nurse receives all that she should in the way of training from the large hospital or from the special hospital depends to a great extent upon the amount of sympathy and co-operation that exists between the Superintendents of the two schools.

Too often, schools affiliate without sufficient understanding of the needs of the one and the abilities of the other to meet those needs, and so we have duplicating of both theoretical and practical instruction in one or more subjects, and omission of any kind of instruction in certain other important phases of the nursing work.

The superintendent of a school, desirous of complementing the training of her nurses through affiliation, should first make a close survey of the assets and liabilities of her hospital as an education factor, and, before entering into affiliation with any other school, make sure that that school understands and is in a position to meet these liabilities. When a small hospital can only supply an adequate training in, say, surgical and obstetrical work—as is too often the case—that hospital should see to it that the school with which it affiliates furnishes instruction in the care of children and medical cases. Special arrangements might also be made for training in one or more branches of elective work, such as tuberculosis, mental diseases, public health work, or executive work. Because of the fact that most of the lectures are usually given during the winter season, it is sometimes difficult for a hospital to give its affiliating nurses the proper theoretical instruction on the subjects in which they lack training, but I am convinced that, with a little closer co-operation between superintendents, the difficulty could be overcome.

Does affiliation destroy loyalty to the pupils own school? Speaking from my own experience with affiliation, I would say no—rather it increases it; after all loyalty in this matter is governed by sentiment rather than by comparative worth. A nurse may find that the hospital where she is affiliated has more efficient methods of doing work, but, instead of registering it up against her own school, she is only eager for the day when she may go back and introduce these better methods.

Now and then we come across the small hospital superintendent who expects her nurses to be given the best part of the training in different departments of the large hospital, even at the expense of that hospital's own pupils. At a glance one can see the unreasonableness of

that, for after all the large hospital owes more to its own pupils than it does to those who are merely affiliated with it.

Perhaps the greatest drawback of affiliation to the small hospital is the fact that the small hospital nurse is lost to her own school at a time when her services would be most valuable, that is, in her third year. But even here there are compensations, for what the small hospital loses in the third year services of the nurse, it, in a measure, makes up by being able to take its place among the ranks of those institutions that are contributing to the great forward march of nursing education; and, after all, the standard of a hospital's efficiency may be measured as truly by the type of nurse it produces as by the services it renders its patient.

So far, I have considered affiliation chiefly from the viewpoint of its bearing on the educational problems of the small hospital. But in this matter all our hospitals, large or small, are more or less affected, since not even our best schools can supply within themselves every branch of the training which the nurses of to-day must have in order to meet the nursing needs of the community.

As a whole, there is a very general neglect on the part of hospitals to provide for their pupil nurses a practical training in acute communicable diseases. This can be demonstrated by referring to any large registry for nurses, where it will be found that a large percentage of the nurses have registered against communicable diseases. Why? Because that phase of nursing was entirely left out of their training in their student days.

In spite of the prevalence of tuberculosis, and the vast need of nursing care among tubercular patients, there is still practically no effort being made to give the pupil nurse definite practical instruction in the nursing care of these cases. Surely this is a need that our hospitals would do well to meet by arranging for at least some of their pupils to have a special training in one or other of the best sanatoria for tuberculosis.

The need for special training in nervous diseases for the pupil nurse is equally great. A common criticism of the graduate nurse is her inability to take care of patients suffering from nervous diseases, to which, as one of our prominent neurologists has said, the nursing of all other diseases is as mere child play.

The public health field is another branch of nursing where the demand is far exceeding the supply. The trained nurse has become indispensable to community welfare. She has to deal not only with nursing problems, but also with social and industrial problems. She has to be nurse, advisor, instructor and friend all in one. In order to be a success, she must have training in that branch of the work, and too often that training is obtained after she graduates, and at the expense of the community.

Many of our hospitals still have not the inside facilities to provide



a social service training for their nurses, but in nearly every case they could obtain this necessary training outside the hospital through affiliation with some public health organization. It is being done by the few—it could be done by many more.

In conclusion, let us seek to encourage affiliation for all hospitals where affiliation is necessary to round out and to fill in the training of the pupil nurses; only by so doing shall we achieve the highest purposes of our hospital training schools; raise the standard of nursing education, and give the highest measure of efficient nursing service to the public.

JEAN HARRISON,

Instructor in Training,

Winnipeg General Hospital.



### C. A. M. C. Nursing Service Department

With the question of her retirement from the C. A. M. C., and a prolonged holiday in view, Matron-in-Chief Macdonald, finds she is obliged to discontinue connection with the C. A. M. C. Department of the *Canadian Nurse*. She takes the opportunity of thanking all who have contributed from time to time, and expresses the hope that volunteers to "carry on" will not be lacking.

## Hospitals and Nurses



### NOVA SCOTIA

The following are the special clauses of interest to all Canadian nurses in the Act to Incorporate the Graduate Nurses' Association of Nova Scotia, recently passed by the Legislature of that Province:

"Only those persons whose names are entered in the Register as members of the Association shall be deemed to be qualified to hold themselves out to the public as registered nurses.

Every person, male or female, who is a member of the Graduate Nurses' Association of Nova Scotia at the time of the passing of this Act, and every person, male or female, who resides in and practises, or proposes to practise the profession of nursing in the Province; and is a graduate of an approved training school; and is of good moral character; and is at least twenty-one years of age; and has passed an examination before the Board of Examiners as provided by this Act, shall, on producing to the Registrar evidence satisfactory to the Executive Committee and on complying with the other requirements contained in this Act, be entitled to be registered as a member of the Association.

Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this Province, and who are otherwise qualified, may, upon the approval of the Executive Committee, be registered without examination.

The Executive Committee shall waive the examination of any person possessing the other qualifications mentioned in this section who has graduated from an approved training school before the passing of this Act, who may graduate from an approved training school within three years from the passing of this Act.

For the purpose of this Act, the expression "approved training school" in respect of the graduation of any person prior to the passing of this Act, or within the period of three years thereafter, shall mean a school for the training of nurses attached to or operated in connection with a hospital giving a general training in nursing, and a systematic, theoretical and practical course of instruction in nursing extending over two years.

For the purpose of this Act, the expression "approved training school" in respect of the graduation of any person after three years from the enactment of this section, shall mean a school that is connected with a general hospital of at least fifty beds and gives an adequate course of instruction and general training for at least two years and six months, embracing medical, surgical, obstetrical and pediatric nursing, and the superintending nurse and supervising night nurse of such hospital are nurses registered or eligible for registration under this Act; or that is connected with a special or general hospital of not less than twenty-five beds, and gives an adequate course of instruction and general training as aforesaid, and the superintending nurse and supervising night nurse of such special or general hospital are nurses registered or eligible for registration under this Act, and such training school requires that such instruction and general training for at least six months of said period shall be in a training school which is of the class mentioned in the preceding clause, and which, with the training school connected with such special or general hospital, is affiliated for the purpose.

It shall be the duty of the Registrar to keep the register correct in accordance with the provisions of this Act and the rules and regulations of the Association, and the Registrar shall from time to time make all necessary alterations in the addresses and record of qualifications of the persons registered under this Act.

The Registrar shall mail to each member of the Association annually a report and financial statement of the affairs of the Association, and shall perform such other duties as may be imposed upon the Registrar by the Association.

Every member of the Association shall pay to the Registrar, or to any person deputed by the Registrar to receive it, such annual fee as may be determined by the rules of the Association, but not more than Ten Dollars, towards the general expenses of the Association, which annual fee shall be payable on the first Monday of September in the year for which the same is imposed, and obtain an annual certificate under the seal of the Association. The annual certificate shall state the qualification of the member as a registered nurse, and shall remain in force one year from its date. The annual fee payable under this section shall be recoverable as a debt due by the member of the Association. The name of any member not in arrear for annual fees may, on the written request of the member, be removed from the register, and the name of any member be replaced on the register without the passing of any examination and on the payment of \$5.00.

The Lieutenant-Governor-in-Council may appoint a Board of Examiners to examine all candidates for examination, which Board and the examinations held shall be governed by rules and regulations of the Executive Committee. The said Board shall consist of four members of the Association, and also two members of the Nova Scotia Medical Society, to be appointed annually by the Lieutenant-Governor-in-Council, and each member of the Board of Examiners shall be entitled to receive from the Association, \$5.00 per day and expenses while actually attending at or travelling to and from the place of examination.

The Board of Examiners shall hold meetings at least twice each year for the examination of applicants for membership in the Association. The Registrar shall, at least one month before the date fixed for the examination, give notice of the time and place of holding every such examination by publication of a notice thereof in at least two newspapers published in the Province, and at least one Canadian journal devoted to the interests of professional nursing,



and by mailing a copy of the notice to every applicant of whom the Registrar has notice, and to every approved training school in the Province.

The said Board of Examiners shall examine all such applicants as are required by this Act to pass an examination in elementary bacteriology, materia medica, anatomy and physiology, dietetics, medical nursing (including contagious diseases), surgical nursing (including gynecology), obstetrical nursing, and children's diseases.

Every applicant who passes before the Board of Examiners a satisfactory examination touching his or her fitness and capacity to practise professional nursing, and who has the qualifications required by and otherwise complies with the provisions of Section II. of the Act, and who pays a fee of Ten Dollars, shall be admitted to registration as a member of the Association, and shall have his or her name entered upon the register and receive a certificate of registration signed by the President and the Registrar, and shall be entitled to practice professional nursing in the Province, and to append to his or her name the letters "R.N." or any suitable words or designation showing that he or she has been registered in accordance with this Act.

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## QUEBEC

### MONTREAL

Miss Mabel Holt (class 1919) has resigned her position as practical instructor at Montreal General Hospital, and is sailing soon for her home in England. The nursing staff and student nurses presented her with a beautiful gold wrist watch before leaving, to show their appreciation of her past services. Miss Francis Reed (class 1912), recent graduate of McGill University, succeeds Miss Holt.

The Monument Memorial Fund is closing with over \$7,000, the objective for the Province of Quebec up to July 10th. The graduates of the M. G. H. have sustained their reputation for giving by claiming \$1,809 of the foregoing amount. The nurses of the Province of Quebec have answered the call, in less than three months; may other provinces do likewise.

Miss A. M. Gillespie (class 1916) has been engaged on the staff of Montreal Maternity for the summer.

Miss Hannah Stack (class 1920) is at present Night Supervisor of Lachine General Hospital, Lachine, Quebec.

Miss W. Gardner (class 1921), who has been engaged in the Alexandria Infectious Hospital at Point St. Charles, is now doing Private Duty nursing in Montreal.

We announce the engagement of Miss Kathleen Smith (class 1919) to Mr. Alexander Oswald Allen, both of Westmount, P.Q.

The sympathy of the members go out to Mrs. Gladstone Baptist (nee Shirley Farmer, class 1918), who lost her husband recently, and now her only relative, an uncle, Mr. McPherson.

We announce the engagement of Miss Lillian Stewart (class 1917) to Mr. Beverly Scott, brother of Mrs. Putnam (nee Miss Susan Scott), the marriage to take place August 1st, 1922.

Miss Rachel McConnel (class 1914), who is Assistant Superintendent of Hartford General Hospital, Hartford, Conn., is spending part of her holiday in Montreal.

Miss Mary Shaw, Lady Superintendent of Jeffrey Hale Hospital, Quebec City, was delegate to Edmonton Convention, motoring from there to Vancouver with her sister, Mrs. Geggie, and Dr. Geggie.

Miss F. M. Shaw, Directress of Nursing at McGill University, and Miss S. E. Young, matron of M. G. H., have attended the American Nurses' Convention at Seattle, Wash., after being delegates to the Canadian Convention at Edmonton, Alta.

Miss Marjorie Ross (class 1914) assumes professional duties August 1st at Shawnigan Falls General Hospital, Shawnigan, P. Q.

Miss M. Eaton (class 1918) has resigned her position on the Social Service staff of O. D. of M. G. H.

Miss Elizabeth O'Dell, B.A. (class 1915), who is Assistant Directress of Nurses of Evanston General Hospital, Evanston, Ill., is home in Montreal on a holiday.

Miss A. E. Little (class 1918) has resigned her position in the Jubilee Hospital, Victoria, B. C., and is coming east.

Miss Mary Peters (class 1919) has taken a position at the Montreal Dispensary.

The students of the School for Graduate Nurses of McGill University held a reception and tea at the Ritz Carlton Hotel on Thursday, May 11th. Miss Madelene Shaw, director of the class, assisted by the class officers, received the guests, among whom were Miss Hersey, Miss J. Craig, Miss Young, Miss Ferguson, superintendents of the city hospitals; Miss Hurlburt, of the Royal Victoria College; Miss Helen R. Y. Reid, Dr. Maude Abbott, Miss Cole and Miss Moag, of the Victorian Order of Nurses; Miss Boswell, Miss Phillips, professors of the various faculties, members of the Alumnae and partial students.

The examinations having come to a successful termination, everyone was in high spirits, and a most enjoyable hour was spent over the tea cups.

The following morning diplomas were presented to the members of the graduating class by Sir Arthur Currie. This is the first time the special classes have received their diplomas at the conferring of degrees on the regular students.

Prizes given by Miss Helen Reid, B. A., LL. D., for highest standing in each course, were awarded to Miss Jean Wilson, Lady Stanley Institute, Ottawa, in the Administrative Course; Miss Jean McCran, the Sick Children's Hospital, Toronto, in the Instructor's Course, and Miss Myrtle Ross, of the Royal Victoria Hospital, Montreal, in the Public Health Course.

All the students passed with a very high average, first-class honors being obtained by Miss M. Ross, R. V. H.; Miss Marion Nash, Western Hospital, Montreal; Miss Muriel Stervant, R. V. H., in the Public Health Course; Miss Jean McCraw, Miss Francis Reid, Montreal General Hospital, in the Instructors' Course, and Miss Jean Wilson in the Administrative Course.

#### SHERBROOKE

Sherbrooke nurses have been active in work for the Nurses' Memorial. Rummage sales, teas and home cooking sales, with private subscriptions, have been used to raise the sum of \$512.00, already in, with the intention to "carry on" till a larger sum is reached.

To celebrate the approaching marriage of Miss Ruby Jackson (Sherbrooke Hospital, 1920), a shower was held in the Nurses' Home on June 17th.

Miss Phoebe Blake (1919) sailed recently for England, en route for South Africa.

Miss K. Iris Taylor (S. H., 1916) has accepted an institutional position in Boston, Mass.

The graduation exercises of the Sherbrooke Hospital were held on June 23rd, when the largest class ever graduated here received their pins and diplomas. The following nurses comprised the class: Misses Flora George, Marion Grant, Sadie Johnson, Sadie Mennie, Isabel White, Jean Call, Susan Schofield, Evelyn Aiguin and Blanche Smith. Miss Johnson won the prize for Surgical Nursing in the senior class, Miss Helen Bourman being successful in the intermediate class competition. The Dorothy Sievwright prize for General Proficiency was won by Miss Flora George. The class was entertained by Miss Upton, Superintendent of the hospital, who gave a dinner for them the evening of their graduation.

#### JEFFERY HALES' HOSPITAL, QUEBEC.

The graduation exercises of 1922 class were held May 30th, with Mr. J. T. Ross, of the Board of Directors, presiding. The diplomas were presented to the graduating class by the Lieutenant-Governor, Sir Charles Fitz-Patrick. Those graduating were Misses Dorothy Bowden, Katherine Mackenzie, Mary E. McCullough, Isabel Palmer, Gretchen Riddell, Margaret Savard. Addresses were delivered by Sir Charles Fitzpatrick, Mr. J. T. Ross and Col. Wood. A reception followed the formal exercises.

On May 24th, at the Children's Memorial Hospital, Montreal, the graduating exercises of the class of 1922 took place. In a pleasing introductory speech, Dr. Cushing enlarged on the high standard maintained in the class and paid special tribute to the work of the Lady Superintendent, Miss B. J. Willoughby, O. B. E., R. R. C. Diplomas and pins were presented by Matron-in-Chief M. C. Macdonald to the nurses of the graduating class, in the following order:—



(1) Miss Dorothy Osmond, (2) Miss Daisy Chatfield, (3) Miss N. H. French, (4) Miss Helen MacDonald, (5) Miss Sarah Batson, (6) Miss Annie MacLachie, (7) Miss Dorothy McMartin, (8) Miss Marion Hawthorne, (9) Miss Elsie Brand, (10) Miss Hazel Wood, (11) Miss Irene Berry.

Miss MacDonald and Miss Willoughby were the recipients of beautiful bouquets from the class of 1922.

Then followed an inspiring address from Dr. Blackader, after which all adjourned to the Nurses' Hall, where a 'the dansant' was much enjoyed.

Among the many guests were noted Matron-in-Chief E. C. Rayside, M. H.S., R.R.C.; Matron S. Young, R.R.S.; Miss Hersey; Colonel K. Cameron, C.M.G., S.M.O., M.D. 4, and Colonel Mackenzie Forbes.

Miss Mary Shaw, Superintendent of the hospital, attended the convention at Edmonton, Alberta, in June

#### ROYAL VICTORIA HOSPITAL, MONTREAL.

The engagement is announced of Anna Margaret Murray (1921), daughter of Mr. and Mrs. D. A. Murray, of River John, N. S., to Mr. William Stanley Locke, of Westmount, the marriage to take place August 15th.

The engagement is announced of Winnifred Ruth Hanna (1917) to Mr. Clarence G. Currie, of Livermore, Colorado.

Miss Anne Lauder has resigned her position as staff nurse. Her marriage to Theodore Waugh, M. D., Assistant Pathologist at the R. V. H., takes place shortly.

Miss Hersey attended the convention in Edmonton, and, following that, of the American League of Nursing Education in Seattle. A paper on the "Art of Questioning," written by Miss Anne Slattery (1920), was read, and an exhibit of "Recommended Standard Training School Records," prepared by Miss Beatrice Guernsey (1918), were presented to the convention in Edmonton.

Miss Irene Jackson (1918) has succeeded Miss Winnifred Hanna as Radiological Technician in the Ross Pavilion, R.V.H.

Miss Amy Stoddard (1921) has been appointed head nurse in Ward A.

Miss Anna Dickson (1918) is taking the summer course in Public Health at the University of Toronto. She has been till recently stationed at Sydenham Military Hospital, Kingston.

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### ONTARIO

#### GUELPH

The Graduate Nurses of the General Hospital entertained the graduating class of the M.G.G.H. to a dinner at the Wyndham Inn, June 9th. Miss Janet Anderson proposed the toast to the graduating class. After dinner a dance was enjoyed.

#### TORONTO GENERAL HOSPITAL

Miss Dorothy Cowling (class 1921) has taken the position of Night Supervisor in the operating room at New York City Hospital, New York.

Miss Marion McLennan (class 1922) has taken the position as floor nurse in the New York City Hospital.

Mr. and Mrs. Chester Latimer (nee Louise Moore, class 1917) and baby Jean, of Orange, N.J., who have been visiting her family in Niagara Falls, Ont., are leaving for a six months' trip to Vancouver, Honolulu and Japan.

Miss Vera Pearson and Miss Florence Patterson (class 1918) sailed from Montreal on June 29th to spend July and August abroad.

Miss Elizabeth Castle (class 1916), of the Provincial Board of Health staff, with her mother and sister, leave in July to spend a year in England.

Miss Bertha Fife (class 1917) was chosen as representative of the T.G.H. Alumnae at the C.N.A.T.N., convention in Edmonton. The following delegates attended also: Miss Edna Moore, Miss Hickey, Miss Cryderman, and Miss Beryl Knox.

Miss Gunn left Toronto on June 14th for Edmonton to attend the C.N.A.T.N., after which she will spend her vacation in Muskoka.

Miss Winnifred Jackson is in charge of the fourth floor of the Private Patients' Pavilion during the summer.

Miss Isabelle Thompson (class 1921) has accepted the position of assistant nurse in charge of the fifth floor of the Private Patients' Pavilion.

Miss Edith Murphy (1922) has been appointed Night Supervisor of Burnside Obstetrical Department.

Miss Mary E. Griffen, Instructress of T.G.H., is spending the summer months in B. C.

Miss Clubine (class 1914) is relieving on the staff of the training school office.

Mrs. Cadenhead sailed from Montreal May 27th to spend the summer on the continent.

#### HOSPITAL FOR SICK CHILDREN, TORONTO

The Annual Meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at the residence on June 8th. It was decided to carry on with the scholarship which was to be called the Florence J. Potts Scholarship. The election of officers for the coming year took place, and a few plans were discussed for raising money for the Memorial Fund. The garden party at Lakeside on June 17th was well attended, considering the threatening weather. Miss Pantton and Mrs. Storey received the guests, and Miss Edgar was in charge of the tea table.

#### WOMEN'S COLLEGE HOSPITAL, TORONTO

Miss Hilda Suftenberg (class 1919) has been appointed Superintendent of Nurses at the Akron City Hospital, Ohio.

The graduating exercises of the Women's College Hospital were held in the Y.M.C.A. on June 9th, when a class of seven members received their pins and diplomas, presented by Mrs. F. H. Torrington. The following nurses were graduates: Misses Olive E. Skitch, Sadie F. Marshall, Josephine McArthur, Agnes Quigley, Lillie Henderson, Mabel McGregor, and Mrs. Sheshauna Myerson.

Miss Quigley received the general proficiency scholarship given by the members of the hospital medical staff; and to Miss McGregor went the scholarship presented by the Alumnae Association for post-graduate work in obstetrics. A reception followed the exercises. On June 10th, the Alumnae Association welcomed the new graduates into the association by giving a dinner in the Carls-Ritz Hotel.

#### ST. MICHAEL'S HOSPITAL, TORONTO

Miss Grace Coyle has accepted the position of Lady Superintendent of the York County Hospital, which was opened in Newmarket in June.

The pupil nurses of St. Michael's Hospital held a very successful garden party in aid of the Overseas Nurses' Memorial Fund. A splendid programme of songs, dances and assistance from the orchestra made the afternoon most delightful.

The Alumnae Association held a most successful "Theatre Night" recently at the Royal Alexandra Theatre, when a substantial sum was realized for the Nurses' Memorial Fund.

#### WELLESLEY HOSPITAL, TORONTO

Miss Mable Greaves has returned from her home in the Barbadoes, B.W.I., and Miss Frances Brown from an extended visit to Mobile, Alabama.

#### BELLVILLE GENERAL HOSPITAL

The following nurses graduated from the Belleville General Hospital, class 1922, recently: Misses V. Humphries, E. Harvey, B. Allen, H. Wyatt, R. Jones, and Mrs. C. Sears. A delightful programme of music was given by friends of the nurses, and addresses by the Chairman, Mr. H. F. Ketcheson, and Dr. J. L. Tower. The pins were presented by Mrs. W. C. Nichol, and diplomas by the Superintendent, Miss Tait. By earnest effort of the graduate nurses in Belleville, an automobile ambulance was purchased for the hospital and was on view the afternoon of the graduation.

#### HAMILTON

Miss Emily Greenwood has been appointed Superintendent of St. John's Hospital and Holt Clinic, Fort Smith, Ark. Miss Greenwood is a graduate of the General Hospital, Hamilton (class 1916).



## ROYAL ALEXANDRA HOSPITAL, FERGUS, ONTARIO

The Annual meeting of the Alumnae Association of the R. A. Hospital, Fergus, was held in the hospital on Thursday, June 15th, 1922.

The President's report showed a year of interest and activity.

The reading of reports was followed by the election of officers.

A reception of new members and a social half-hour brought the meeting to a close.

Miss Frances Seiler and Miss Lottie Brigham, of the B. A. Hospital (1921 class), have accepted positions in the Franklin Hospital, Franklin, New Hampshire, U. S. A.

## LONDON

The first of a series of entertainments planned by the Victoria Hospital Nurses' Alumnae Association, to raise funds for the Nurses' Memorial, was a delightful garden fete, held in the beautiful grounds surrounding the residence of Colonel Wm. Gartshore, under the joint convenorship of Miss Agnes Malloch, President, V.H.A.A., and Mrs. Walter Cummins, Treasurer, V.H.A.A. The affair was a decided success, socially and financially.

"The best ever" was the verdict passed on this year's annual picnic of the Victoria Hospital Nurses' Alumnae Association, held recently at Springbank Park and attended by more than 70 members of the alumnae.

Golden weather favored the picnickers who spent a delightful afternoon in sports and games, putting off the dignity of their profession to join heartily in the day's programme. Tea was served at long tables, laid under the great trees on the river bank, with tall purple Iris b'ooms carrying out the training school color most effectively.

General convenors of the happy affair were Miss Marjorie Walker and Miss Marjorie Rowe; Mrs. A. T. Eyres convened the refreshments, and Miss McVicar the clever sports programme, with Miss Agnes Malloch, President, adding a helping hand and a word of welcome to each member.

## OTTAWA

Rev. Sr. Felix de Valios, Superior of Ottawa General Hospital, and Sister Mary Clair, leave shortly to attend the convention in Washington.

Mrs. Hogan was appointed representative of Ottawa General Hospital at the convention at Edmonton.

Miss A. Glover, graduate of 1921, has been appointed Night Supervisor of the newly erected Maternity Hospital, Wellington St., under the management of the Salvation Army.

Mrs. J. L. Chabot, President of the Alumnae, entertained at a tea and dance for the graduating class of 1922 at her summer home, Farm Point, Quebec, on May 27th, 1922.

## GRADUATION EXERCISES

Fourteen graduates received their pins and diplomas on May 29th, 1922, at the Monument Nationale. Dr. R. Chevrier, president of the Medical Board, presided. Mrs. J. L. Chabot, President of the Alumnae, presented the pins, and Mrs. J. H. Hesser, President of the Ladies' Auxiliary, distributed the diplomas to the graduates.

The nurses were addressed by Dr. De Haitre and Mr. George Kyte, M.P. for Cape Breton. Dr. De Haitre, in his address, mentioned a few general rules for conduct after leaving the hospital.

The following were graduates: Misses L. Brennan, M. Camley, P. Cousineau, Mrs. E. K. Danis, K. Bayley, M. Foley, M. Kearns, M. McEvoy, L. Mulvihill, (all of Ottawa); M. Culhane, Douglas, F. Larkins, Manotick, M. Merchant, Sturgeon Falls; L. Tompkins, New Orleans; and Rev. Sister Normand, Ottawa.

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## MANITOBA

## WINNIPEG

Mrs. R. A. Rogers, M.L.A., who represented Manitoba at the Pan-American Conference of Women at Baltimore recently, kindly gave the Federation of Women and the nurses a talk on the work of the conference at the June meeting of the M. A. G. N.

The following nurses were delegates to the C.N.A.T.N. Convention held in Edmonton: Mrs. Morrison, Mrs. Langille, Misses Elizabeth Russell, Gauld and Starr.

Miss P. Brandson has been appointed "Child Welfare" nurse in place of Miss P. Adair, who was married recently to Mr. O'Rourke, of Fort William.

Miss Dorothy Webb, Provincial Board of Health Nurse, recently married Mr. William Cummings.

Miss Elsie Baxendale, the convenor and the members of the committee of the nurses of the municipal hospitals, Winnipeg, are to be congratulated on the successful dance given for the purpose of raising funds for the Nurses' Memorial Fund, when the sum of \$218.00 was handed to the provincial treasurer. This dance was held in the new residence, which was much admired by everyone present. The rooms and supper tables were beautifully decorated, and the orchestra from the Hotel Garry furnished the music.

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## SASKATCHEWAN

### SASKATOON

Miss Ethel Johns was the instructor for the two weeks' course for graduate nurses at the University of Saskatchewan. In order that she might meet the nurses of the city, a tea was given for her at the residence of Mrs. N. K. Thomson.

The annual picnic of the Saskatoon G.N.A. was held at Beaver Creek, where Mrs. A. L. Royal hospitably opened their cottage for the occasion.

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## ALBERTA

### LAMONT

Miss Lydia Henkelman (1921), Lamont Public Hospital, sailed from Seattle in July for Berthel, Alaska, to take up public health nursing among the Eskimos.

Miss Caroline French (1921) has returned to Lamont Public Hospital as Assistant Superintendent of nurses.

Miss Margaret Sloane (1922), Lamont Public Hospital, has accepted the position on the Wataskiwin Hospital staff left vacant by Miss C. French.

The Union Church, Lamont, was the scene of the 1922 graduation exercises for the class, comprising Mrs. E. Galloway, Misses A. Bell, R. Sutherland, M. Sloane, F. MacDonald, D. Spencer, K. Souder, M. McCallum, and A. Sandell. Addresses were given by Rev. A. S. Tuttle, Principal of Alberta College South; Rev. A. E. Lloyd, and Rev. Allen. The Florence Nightingale pledge was read to the class by Dr. Rush, and the diplomas and pins presented by Miss Welsh, the Superintendent of the hospital. A fine musical programme was given, and the exercises concluded with a reception given by the graduate nurses of Lamont and the wives of the local physicians.

### CALGARY.

A special meeting of the Calgary Association of Graduate Nurses was held in the Y. W. C. A. parlors on Thursday evening, August 17th, when Miss Marian Parks, R.N., was appointed a delegate to the joint convention of the Alberta Hospital and Registered Nurses' Association in Edmonton in September.

Mrs. Stuart Browne, the President, gave a very interesting talk on the C. N. A. T. N. convention held in Edmonton in June, which was very much enjoyed by the members. Miss Agnes Kelly, R.N., the delegate to the convention, very ably gave her official report, which was very much appreciated; she also tendered her resignation as Treasurer, as she is leaving for Toronto, much to the regret of the Association.

On the adjournment of the meeting, a presentation of a writing case was made by Miss Phillips, on behalf of the members, to Miss Kelly, as a surprise; and a farewell tea was served.

\* \* \* \*

## BRITISH COLUMBIA

### VICTORIA

The following nurses graduated from the Jubilee Hospital, Victoria, Friday, June 2nd, 1922: Misses Loretta Brandon, Stella Francis, Beatrice Ferreira,



Jessie I. Dunnett, Kathleen Wright, Sara Fatt, Annie L. Dyke, Mary G. Ehlers, Flora E. Rothnie, Marjorie M. Brethour, Helen Robinson and Mrs. J. Shaw-Whitman (a post-graduate course).

#### ST. JOSEPH'S HOSPITAL, VICTORIA.

At the second annual meeting of the Alumnae Association of St. Joseph's Hospital, the following officers were elected: President, Miss F. Sehl; 1st Vice-President, Miss Janet McEwan; 2nd Vice-President, Mrs. Osborn; Recording Secretary, Miss Edgar; Corresponding Secretary, Miss Croft; Treasurer, Mrs. Sylvester; Executive Committee, Misses E. McDonald, Marwood, Manifold and Decker. Miss Saunders was named correspondent for the "Canadian Nurse" magazine.

Miss Madeline Arent, R.N., has left for New York, where she plans a year's post-graduate training.

Miss Isla Adams, R.N., has been appointed to the position of School Nurse.

Miss Flora Bloomquist is doing private duty in San Francisco.

Miss Christine Blackadder (1915) has motored from Long Beach, California, where she has been for the last three years.

Miss Maud Byrd is on the staff of the Chemainus Hospital.

Miss Eliza Hunter (1920) and Miss Grace Smith (1920) have resigned their positions on the staff of the Campbell River Hospital.

Miss Grace Curtis (1921) has accepted a position on the staff of the Campbell River Hospital.

Miss Dorothy Clippingdale (1922) has accepted a position on the staff of the West Coast Hospital at Port Alberni, and Miss Kathleen Ryves (1922) on that of the Cumberland General Hospital.

Miss Jessie Forshaw (1915), Dominion Inspector for the V.O.N., was delegated to represent the latter organization at the recent Canadian Public Health Congress held at St. John, N. B.

Miss Boldiena Kornick (1913) is assistant Anaesthetist at the Presbyterian Hospital, Newark, N. J.

Miss Olive Kilpatrick (1920) passed the examinations in Public Health nursing, held recently at the University of B.C., with first-class honors. She has been retained by the V.O.N. for local work.

The sympathy of the Alumnae Association is extended to Mrs. H. E. Ridewood (Mary Medd, 1919), on the loss of her mother.

#### ST. JOSEPH'S HOSPITAL ALUMNAE ANNUAL MEETING (SUNDAY COLONIST)

"Delegates from the Alumnae Association met the visiting nurses who came through Victoria on their way to Seattle, and presented them with an address of welcome and a basket of flowers. The latter were of the Alumnae colors, red, white, and gold.

At the annual meeting of the Alumnae Association of St. Josephs, the purchase of the most modern operating table for the eye, ear, nose, and throat department was approved.

#### PRINCE RUPERT

The Graduate Nurses' Association of Prince Rupert was formed recently, when a group of interested nurses met at the residence of Mrs. Geoffrey Whitehead. A monthly meeting was arranged for and a busy winter's work planned. Mrs. Geoffrey Whitehead was appointed Chairman and a business meeting arranged for in the near future.

Miss Laura Moore, R. N., Superintendent of Nurses, Hazelton Hospital, and Miss Charlotte Black, R.N., Superintendent of the Prince Rupert General Hospital, will be among the representatives of the nurses of the Northern portion of British Columbia at the B. C. Hospital Convention in New Westminster, B. C., from August 29th to 31st.

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#### THE OCCIDENTAL GRADUATE NURSES' ASSOCIATION OF KOREA

The Occidental Nurses' Association of Korea held its Annual Meeting at East Gate Hospital, Seoul, Korea, April 5-7.

The first session was devoted to business, followed by a very interesting talk on "Leprosy" by Dr. Wilson, who has charge of the Leper Asylum at Kwangju. There are about 20,000 lepers in Korea, of whom less than 1,000

are treated in the four leper colonies at Kwangju, Taiku, Fusan and Mokpo. In the afternoon we met with the Korean Medical Association. Several interesting papers were read and discussed on "Neurasthenia," "Evangelism in Dispensary and Hospital," and one of the best, "Tuberculosis." The number of cases of tuberculosis in Korea is appalling, and as yet there is not one sanitarium in all Korea.

On Wednesday evening a dinner was given at the Chosen Hotel in honor of the 25th anniversary of Miss Esther Shields in Korea. Miss Shield's loyalty and devotion to duty and her love for the Koreans has made her a true Florence Nightingale to Korea.

On Thursday morning an exceedingly interesting paper was read on "Evangelistic Effort in Hospital" by Miss Margaret Logan, China. In the evening Dr. Hopkirk gave a lecture and moving pictures on "X-Ray and its value in Diagnosis."

Friday morning the question of Korean text-books was discussed. We have longed for a book in Korean that we could put into the hands of our nurses so that they can read in their own language what we are trying to teach them. Literature and more literature for our Korean nurses has been the crying need. Miss E. J. Shepping is now translating Maxwell and Pope's Practical Nursing Book into Korean, and expects to have it in the hands of the nurses this fall. "The Occidental Graduate Nurses' Association" of Korea agreed to assume all financial obligation of the Maxwell and Pope text-book, several nurses volunteering to solicit funds from home friends. Before the afternoon session closed the Korean graduate nurses were invited to meet with the Occidental Graduate Nurses' Association and discuss plans for organizing a Graduate Nurses' Association of Korea. A committee was appointed to draw up the constitution and by-laws.

The convention this year has been the best yet. So many big problems were discussed, and all feel that they have received great inspiration and help.

The following Officers were elected: President, Ethel E. Buatts; Vice-President, Esther Shields; Secretary, Mrs. J. A. McAnlis; Treasurer, Mrs. A. Ludlow; Editorial Secretary, Miriam Fox.

### BIRTHS

**Aikenhead**—At the Wellesley Hospital, on July 28th, 1922, to Dr. and Mrs. J. H. Aikenhead (Ethel Winn, Wellesley Hospital), a daughter.

**Bechtel**—At the Winnipeg General Hospital, Winnipeg, June 13th, 1922, to Mr. and Mrs. Bechtel (Anderson, Winnipeg General Hospital, 1915), a daughter.

**Bennet**—Recently, at 258 Willard Avenue, Toronto, to Mr. and Mrs. T. E. Bennet (Mary Quinn, R. V. H., 1921), a son.

**Byraut**—On June 21st, 1922, at the Sherbrooke Hospital, a son to Mr. and Mrs. Guy Byraut (Olive Gunning, Sherbrooke Hospital, 1918).

**Cairns**—To Mr. and Mrs. George Cairns (nee Jean French, class 1914, Montreal General Hospital), July 2nd, 1922, at Montreal Maternity Hospital, a son (George).

**Gurd**—On July 21st, 1922, at Dr. Dunstan Gray's Private Hospital, Montreal, to Mr. and Mrs. Walter Gurd (Norah Pedley, R. V. H., 1912), a son.

**Heagy**—At Stratford General Hospital, on July 14th, 1922, to Mr. and Mrs. G. Heagy (Miss I. Wallace, S. G. H., 1916), a son.

**Hutcheson**—At Cairo, Illinois, to Dr. and Mrs. B. S. Hutcheson (Frances R. Young, Royal Victoria Hospital, Montreal, 1916), a son.

**Hutchinson**—On July 14th, 1922, at Fergus, Ontario, to Mr. and Mrs. A. Hutchison a daughter. (Isabella McLellan, R. A. Hospital, Fergus, 1919).

**Jobb**—On July 5th, at Calgary, Alberta, a daughter to Mr. and Mrs. Jobb (Mary Barr, Winnipeg General Hospital, 1911).

**McKay**—At Calgary, Alberta, on May 13th, 1922, to Mr. and Mrs. Wm. McKay, (Paynter, Winnipeg General Hospital, 1911), a son.

**Myles**—At 56 Hampton Court, Toronto, on June 1st, to Mr. and Mrs. R. G. Myles (nee Nursing Sister M. C. Hirsch), a daughter (Mary June).

**Steele**—At the Wellesley Hospital, Toronto, on July 10th, 1922, to Mr. and Mrs. Harold L. Steele (Gladys Bateman, Wellesley Hospital, Toronto), a son.

**Thomson**—At Salmon Arm General Hospital, Salmon Arm, B. C., to Mr. and Mrs. J. Thomson (Nursing Sister N. F. Sharp, Montreal General Hospital, 1917), of Eagle Bay, B.C., a daughter (Rosemary Elizabeth).



## MARRIAGES

**Bjarnason-Polson**—At Winnipeg, June 3rd, 1922, Miss Polson (Winnipeg General Hospital, 1919), to Mr. Bjarnason.

**Cummings-Webb**—At Winnipeg, June 17th, 1922, Dorothy Webb (W. G. H., 1913), to William Cummings.

**Grant-Lopston**—At Edmonton, June 20th, 1922, Miss A. G. Lopston (Winnipeg General Hospital) to Mr. Chas. H. Grant, K. C.

**Hyland-Burt**—On June 14th, at Los Angeles, Calif., Nursing Sister Myrtle Celia Burt, of Toronto, Ont., to Ray Winslow Hyland, only son of Mrs. May B. Hyland, 1325 S. Western Ave., Los Angeles. Mr. and Mrs. Hyland will reside in Los Angeles.

**Leggo-Moody**—On June 27th, 1922, at Quebec, by Rev. Mr. Walsh, Marjorie, daughter of Mr. Matthew Moody, to Mr. C. Bryson Leggo, of Montreal.

**McClelland-Lewis**—On Tuesday, June 13th, in St. Paul's Church, Toronto, Alva Louis Lewis (class 1919, T. G. H.) to Dr. James McClelland, Toronto.

**Morrison-Hood**—At Winnipeg, April 22nd, 1922, Clara M. Hood (Winnipeg General Hospital), to J. F. Morrison, D. D. S.

**Musgrave-Marsh**—At St. Paul's Church, Lindsay, Ont., on June 2nd, 1922, Victoria Mary, daughter of Canon and Mrs. Marsh (Wellesley Hospital, Toronto), to Arthur H. K. Musgrave, B. S. C., of Toronto. At home 48 Collier Street.

**O'Rourke-Adair**—At Fort William, June 1st, 1922, Miss Phyla Adair (Winnipeg General Hospital, 1910), to Mr. O'Rourke.

**Patterson-Steele**—On June 27th, 1922, at Christ Church, Haysville, Ont., Frederica Sarah Steele (class 1907, Hospital for Sick Children), daughter of the late C. Davey Brown and Mrs. Brown, of Haysville, to Mr. John Patterson, son of Mr. and Mrs. John Patterson, of Brampton.

**Shaw-Anderson**—On Monday, June 12th, at Waubauskene, Ont., Jessie Randolph Anderson (class 1921, T. G. H.) to Lt.-Col. John Shaw, D.S.O., of Toronto.

**VanGorder-Goforth**—On June 13th, at Union Medical College Chapel, Pekin, China, Helen Rosalind Goforth (class 1918, T. G. H.) to Dr. George Wilson Van Gorder.

## DEATHS

**Andrews**—At Christie Street Hospital, Toronto, Ont., on June 24th, 1922, Nursing Sister Gertrude S. Andrews, beloved daughter of Mr. and Mrs. S. D. Andrews, of Collingwood, Ont. Miss Andrews graduated from St. Michael's Hospital, Toronto, 1902. She served in France from 1914-1917, when she was transferred to England. Since her return she has been on the staff of the Dominion Orthopedic Hospital.

**McLarren**—At 72 Edward St., Halifax, June 8th, 1922, Eva Holloway, beloved wife of H. R. McLarren. She graduated in the Frost Hospital, Chelsea, Mass., in which hospital she afterwards held the position of Supervisor of the Surgical Ward. Later she was assigned to duty as a nursing sister at the Station Hospital, Cogswell St., Halifax. Mrs. McLarren was at the time of her death President of the Nova Scotia G. N. A., to whose members the news of her death will come with a particularly keen sense of loss.

Put down the passions that make earth Hell!  
Down with ambition, avarice, pride,  
Jealousy, down! cut off from the mind  
The bitter springs of anger and fear;  
Down too, down at your fireside,  
With the evil tongue and the evil ear,  
For each is at war with mankind.

*Maud.*

## WANTS

**WANTED** by November 1st, for a nurses' residence, having 150 students and 35 graduates, a refined graduate nurse supervisor. Duties consist of oversight of housekeeping, the care of a small infirmary and the welfare of the students. A woman of mature judgment preferred, who is a good housekeeper and would be genuinely interested in the students. Unusually attractive and homelike residence. No dining room responsibility. Student nurse assistant. Physician's daily visit. Salary, \$85.00.

Apply to the Principal,  
Hartford Hospital Training School  
for Nurses, Hartford, Conn.

### EXECUTIVE SECRETARY

Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

### Graduate Nurses' Association of British Columbia.

An Examination for Registered Nurses' Certificate in British Columbia will be held in accredited Training Schools of the Province on Wednesday, Thursday and Friday, November 1st, 2nd and 3rd, 1922. Names of candidates must be in the hands of the Registrar not later than October 1st, 1922.

Full instructions to candidates may be obtained from the Registrar, or at the hospital in the town where examinations are to be held.

HELEN RANDAL, R. N., Registrar.

### WANTED—Immediately;

For hospital on Lower Mainland, British Columbia, graduate nurse as Operating Room Supervisor, salary \$80.00 and maintenance. Also, graduate nurse as Ward Supervisor, salary \$80.00 and maintenance.

Address:

"Canadian Nurse" Magazine  
125 Vancouver Block,  
Vancouver, B. C.

### CERTIFICATE OF PUBLIC HEALTH (C. P. H. N.)

Standard Professional Course, for Graduate Nurses only. October 3rd, 1922, to May 25th, 1923, inclusive, leads to C. P. H. N. of Western University. Apply to Miss Margaret R. McDermid, Chief of Public Health Nurses' Course. Note—Victorian Order and Red Cross Scholarships are available to a few candidates; details on application.

Western University, London, Ont.

### WEDDING CAKES A SPECIALTY

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**719 Yonge Street, Toronto**

## The Graduate Nurses' Residence and Registry

PHONE SHERBROOKE 620  
DAY OR NIGHT

**753 Wolseley Ave., WINNIPEG**

Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department \$80. per month and maintenance.

Address General Superintendent of Training Schools.



## The Victorian Order of Nurses for Canada OFFERS SCHOLARSHIPS

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The Victorian Order of Nurses for Canada offers scholarships of \$400.00 each to graduate nurses who wish to avail themselves of a post-graduate course in public health nursing at the Universities of Vancouver, B.C.; Toronto and London, Ontario; McGill, Montreal; and Dalhousie, Halifax.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course at prevailing salaries.

Applications for scholarships must be made at the earliest date to the Chief Superintendent, Jackson Building, Ottawa.

Prospectus for University courses may be had upon application to the Universities.

### McGill University

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#### SCHOOL FOR GRADUATE NURSE

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The following courses are offered to qualified nurses:

Public Health Nursing.

Teaching and Supervision in Schools of Nursing.

Administration in Schools of Nursing.

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All courses begin in October and end in May.

For information, apply to the Director of the School, Miss F. M. SHAW, McGill University, Montreal.

### McGill University

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#### SCHOOL FOR GRADUATE NURSES

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#### SCHOLARSHIP

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The Association of Registered Nurses of the Province of Quebec Offer a Scholarship of \$500.00 for the Session of 1922-23

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Graduates of any Training School in the Province of Quebec are eligible

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Applications received up to August 15.

Apply to Miss F. M. SHAW  
Director, School for Graduate Nurses,  
McGill University.



## To Holders of Five Year 5½ per cent. Canada's Victory Bonds

Issued in 1917 and Maturing 1st December, 1922.

### CONVERSION PROPOSALS

THE MINISTER OF FINANCE offers to holders of these bonds who desire to continue their investment in Dominion of Canada securities the privilege of exchanging the maturing bonds for new bonds bearing 5½ per cent. interest, payable half yearly, of either of the following classes:—

- (a) Five year bonds, dated 1st November, 1922, to mature 1st November, 1927.
- (b) Ten year bonds, dated 1st November, 1922, to mature 1st November, 1932.

While the maturing bonds will carry interest to 1st December, 1922, the new bonds will commence to earn interest from 1st November, 1922, GIVING A BONUS OF A FULL MONTH'S INTEREST TO THOSE AVAILING THEMSELVES OF THE CONVERSION PRIVILEGE.

This offer is made to holders of the maturing bonds and is not open to other investors. The bonds to be issued under this proposal will be substantially of the same character as those which are maturing, except that the exemption from taxation does not apply to the new issue.

Holders of the maturing bonds who wish to avail themselves of this conversion privilege should take their bonds AS EARLY AS POSSIBLE, BUT NOT LATER THAN SEPTEMBER 30th, to a Branch of any Chartered Bank in Canada and receive in exchange an official receipt for the bonds surrendered, containing an undertaking to deliver the corresponding bonds of the new issue.

Holders of maturing fully registered bonds, interest payable by cheque from Ottawa, will receive their December 1st interest cheque as usual. Holders of coupon bonds will detach and retain the last unmatured coupon before surrendering the bond itself for conversion purposes.

The surrendered bonds will be forwarded by banks to the Minister of Finance at Ottawa, where they will be exchanged for bonds of the new issue, in fully registered, or coupon registered or coupon bearer form carrying interest payable 1st May and 1st November of each year of the duration of the loan, the first interest payment accruing and payable 1st May, 1923. Bonds of the new issue will be sent to the banks for delivery immediately after the receipt of the surrendered bonds.

The bonds of the maturing issue which are not converted under this proposal will be paid off in cash on the 1st December, 1922.

W. S. FIELDING, Minister of Finance

Dated at Ottawa, 8th August, 1922.



### THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA HALIFAX.

President, Mrs. H. R. McLarren; Vice-Presidents, Miss K. O. McLetchey, R.R.C.; M. P. M. Watson, Yarmouth; Sister Ignatius, Glace Bay; Secretary, Miss Gertrude Crosby; Treasurer, Miss M. Keating; Corresponding Secretary, Miss Goddard.

### THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President—Miss Murdoch, G.I. H., St. John; 1st Vice-President, Miss L. Belding, St. John; 2nd Vice-President, Miss Elizabeth Sanson, Fredericton; 3rd Vice-President, Miss MacMasters, Moncton; 4th Vice-President, Miss E. Keys, Newcastle; 5th Vice-President, Miss A. Branscombe, St. Stephen; Treasurer, Miss E. J. Mitchell, G.P.H., St. John, N.B.; Recording Secretary, Mrs. L. R. Dunlop, St. John; Corresponding Secretary, Miss Martha Fraser, 26 Meadow Street, St. John; Provincial Registrar, Miss A. Whyte, Doaktown, N.B.; Public Health Correspondent, Miss Sarah Brophy, Fairville, N.B.; Miss Martha Hoyt, St. John; Canadian Nurse Correspondent, Miss Eva Craig, G.P.H., St. John. Regular Monthly Meeting of Executive, 2nd Monday, 8 p.m.

### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

### THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig, Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

**CLEVELAND MATERNITY HOSPITAL AND  
DISPENSARIES OF WESTERN  
RESERVE UNIVERSITY**

has, in the interest of obstetrical nursing, assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliations with General Hospitals.

**Outline of Course**

Preliminary Course, 4 months, given at hospital of Student Affiliation.

Medical Nursing .....	6 months
Surgical Nursing .....	3 months
Operating Room .....	2 months
Children's Nursing .....	3 months
Diet Kitchen .....	2 months
Contagious .....	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin .....	6 months

**Maternity Hospital—Last 8 Months**

Mothers .....	2 months
Babies .....	2 months
Delivery Room .....	1 month
Parental, Delivery and Postpartum experience.....	2 months
Milk Laboratories .....	1 month

*Allowance*

Books, uniforms and maintenance throughout.

Four weeks vacation each year.

**POST GRADUATE COURSE**

A Post-Graduate Course of four months is arranged for graduates of accredited schools. Maintenance and \$25.00 per month for uniforms and books is allowed.

The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

Apply, Superintendent, Maternity Hospital,  
3735 Cedar Avenue, CLEVELAND, OHIO.



**THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL**

Honorary President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Seguin, 1353 Clarke Street; Vice-President, Miss Francis, Montreal; Secretary-Treasurer, Miss G. MacDougall, 86 St. Luke Street.

Conveners of Committees—Finance, Miss E. F. Trench; Sick Visiting, Miss MacVicar, Miss F. Cantor.

Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.  
Regular Monthly Meeting—Third Wednesday, 8 p.m.

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**THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL**

Hon. President, Miss Willoughby; President, Miss C. Macdonald; Vice-President, Miss Elsie Wood; Secretary Treasurer, Miss K. Maddocks.

Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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**THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL, QUE.**

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Buchanan, Taylor, Swan, Barr, Sanders.

Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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**THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL**

President, Miss Mabel Davies; First Vice-President, Miss Holt; Second Vice-President, Miss Frances Reed; Recording Secretary, Miss Kirkland; Corresponding Secretary, Miss Miriam Gray; Treasurer Sick Benefit, Miss Henrietta Dunlop. Executive Committee, Misses F. M. Shaw, Winifred Scott, Nora Tedford, F. Struim and Ruth Loggie; Sick Visiting Committee, Misses C. S. McLeod, Bessie Briggs, Jane Home and Gwendoline Nichol. Representatives to Local Council of Women, Mrs. F. Lamb and Miss Hardinge; proxies, Miss Holt and Mrs. Hardwick.

Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

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**THE CANADIAN NURSES' ASSOCIATION, MONTREAL**

President, Miss Phillips, R. N., 750 Urban Street; First Vice-President, Miss Daisy Hay-Brown, R. N. 39 St. Lulle Street; Second Vice-President, Miss Florence Thomson, R.N., 165 Hutchison St.; Secretary-Treasurer, Miss Susie Wilson, R.N., 638a Dorchester St. W.; Registrar, Miss Lucy White, R.N., 638a Dorchester St. W.; Convener, Miss Georgie Colley, R.N., (Griffintown Club), 261 Melville Ave., Westmount.

Regular Meeting, First Tuesday, 8 p.m.

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**ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.**

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.



DR. JUNIOR: "Here's the word—'Antiades'— with accent on 'ti.' It says here it means tonsils; the thought being 'opposite to' or 'opposed to'—and is used as 'swollen tonsils,' in Medicine. Isn't it remarkable the large number of words with the Greek prefix—'anti'—attached to their roots?"

DR. SENIOR: "And does this not lead your thoughts to our modern, 'Anti-phlogist-ine'—the scientific name for a scientific means with which to 'oppose inflamed, swollen tonsils'—or any other inflammatory condition?"

DR. JUNIOR: "Yes,—and I wonder why 'Antiphlogistine' is not in our modern dictionaries? It certainly is a part of modern English——"

DR. SENIOR: "And it belongs in the dictionary. Moreover, I am sure that no fairminded lexicographer of today, can longer overlook the omission of 'Antiphlogistine' from his former text; but will realize a dictionary of the English language is not complete without the well-known significant word—ANTIPHLOGISTINE."

DR. JUNIOR: "I'm going to write for the Ear, Nose and Throat booklet which the Antiphlogistine people send to physicians."

DR. SENIOR: "Have them send two copies."



**THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.**

President, Miss Margaret Moore; Vice-President, Dr. M. J. McCurdy; Treasurer, Miss G. Stanley; Secretary, Miss E. Grace Woods; Nominating Committee, Miss Church, Miss Lovering, Mrs. Way.

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Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

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Regular Meetings, First Friday of each month at 8 p.m.

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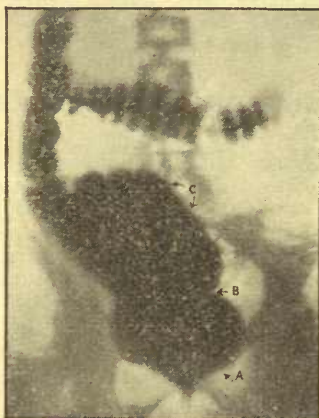
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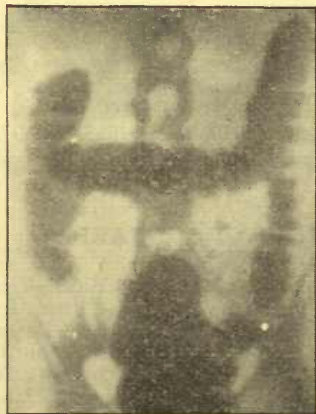
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Regular meeting on the first Tuesday of each month at 3.30 p.m. in the Nurses' Residence.

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Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Regular monthly meeting—First Tuesday, at 8 p.m.

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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No. 10

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## National Memorial Committee of the C.N.A.T.N.

Report of the monthly meeting of the National Memorial Com-  
mittee held September 9th, 1922.

A letter from the Secretary of the C.N.A.T.N. gave the following  
resolutions passed at the Annual Meeting:

(a) That the action of the last Annual Meeting be endorsed, and  
that the matter of the form which the memorial is to take shall not  
be re-opened for discussion;

(b) That since sculptors submittinng designs will all first have  
been notified of the Government requirements, all designs received,  
therefore, shall be submitted to the Provincial Committees, and the  
selection of the design shall be governed by the reports from such

committees; the final work leading to the completion of the memorial to be left in the hands of the Memorial Committee in consultation with the Executive Committee;

(c) That in the selection of the design, the voting strength of each Provincial Committee shall be estimated according to the Provincial Association's numerical strength in the National, upon which basis the share of each Province in the financial objective was allocated;

(d) That names of individual subscribers to the Memorial Fund shall not be published;

(e) That an earnest effort shall be made to have all funds in the hands of the Treasurer of the National Committee by December 31st, 1922.

The Treasurer's Report (received September 12th), announced the balance in the bank to be \$15,417.31.

*Reports from the Provinces for the month of August:*

The only one received was from British Columbia. That Province reported fair success so far in its efforts, and plans for a very active campaign, starting in September, with every intention of completing their work by December 31.

*Correspondence:*

Miss Macdonald has received from England the names of two Canadian nurses who died while serving with the Imperial Forces. This completes the list of nurses who lost their lives on active service overseas.

Miss Macdonald also wrote offering her resignation from the National Committee. The Committee unanimously passed a resolution asking Miss Macdonald to remain on the Committee, even though she be too far away to attend regular meetings.

Two letters from Mr. Cleveland of the Business Committee reported the progress of that Committee, particularly with regard to the sketch which is being prepared to submit to the Prime Minister immediately. (See report of Business Committee as published in the August *Canadian Nurse*).

Miss Potts proffered her resignation as Convenor of the Ways and Means Committee, and it was decided to discontinue this committee, as its original purpose had now been served.

*Re Completing the Financial Objective:*

Serious discussion took place over the very short time which is left for the raising of the greater part of our fund. The National Committee is most anxious to assist the Provincial Committees, but too far away to take counsel with them personally, except in the case of Ontario. It was, however, decided to ask the Ontario Committee to meet with the National and to plan together for the autumn campaign. It was further



decided to ask the Provincial Committees to urge action upon the Executives of the various nursing associations, and to show those Executives that there is not time to wait for general meetings of their associations, if such meetings do not take place until October.

The Secretary was instructed to beg the Provincial Committee to have their reports mailed so that they will be in Toronto not later than the 8th day of each month. It will simplify matters greatly if the nine Provincial Committees will make sure that this is done during the remaining four months of our canvas.

(Signed) E. K. RUSSELL,  
Secretary.

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### A Few Facts about Vitamines

---

The available information about vitamines has assumed such bulk, and is yet subject to so much addition or change, that a few concise statements as to their relation to diet for health will, I hope, be pleasing to the readers of the *Canadian Nurse*.

Doubtless you are all more or less familiar with their history, from the discovery in 1911 of one vitamine group, by Casimir Funk, to the present accepted family of "A", "B" and "C" and the probable "D" and "E" vitamines. (It has recently been suggested that the termination "ine" is a probable chemical misnomer—that vitamini is correct. To avoid confusion, I will use the original "ine" in this article).

First—as to the functions and sources of the "A", "B" and "C" vitamines:

The "A" group are essential to growth. They are found in milk, butter, egg yolk fat, green leaves of plants used as salads, cabbage, lettuce, carrots, spinach. In the germ of cereals, i.e., whole cereals, as cracked wheat, cooking seems to have little effect upon them.

The "B" group are essential to growth, are anti-neuritic. Their absence causes poly neuritis, and their presence stimulates the digestive glands. They are found in yeast, the seeds of plants, peas, beans, cereals, eggs and milk. Meat contains relatively little of this group, but glandular organs, as liver and pancreas, are rich in "B" vitamines. They are also found in oranges, tomatoes, lemons, apples, potatoes, carrots turnips, cheese. Cooking seems to have little effect on this group, if the temperature does not go above boiling or if the water is not alkaline.

The "C" group are known as anti-scorbutic. They are found in vegetables—cabbage, turnips, lettuce, watercress, lemons, oranges, raspberries, tomatoes. They are very susceptible to heat and drying. (The vitamines in tomatoes and potatoes resist heat better than those found in any other vegetables, hence the very popular use of canned tomatoes as an orange juice substitute.)

Second — As to the utilization of vitamins in diet: (1) in infant nutrition; (2) in adult diets.

The limited character of infants' diet makes consideration of its vitamin content more important than that of the adult with its wider choice.

We must have a liberal supply of the three, "A", "B" and "C" vitamins. Milk has been classed as an adequate food, but we must now reconsider our views in the light of recent research.

The vitamin content of cow's or human milk depends upon the food eaten by the producer. Vitamin rich milk is produced by a vitamin rich diet. The milk of cows in late winter, where the fodder is almost entirely dried hay, etc., contains almost no vitamins. Many old wives' prejudices as to the diet of nursing mothers are injurious and false, i.e., that green vegetables should be taboo to nursing mothers. Breast-fed babies thrive better when the mother is allowed a generous mixed diet.

Pasteurization eliminates the anti-scorbutic factor—the "C" group.—but is universal and wise. Witness the decrease in infant mortality since its common practice. We can meet this "C" vitamin deficiency by the judicious use of oil, orange or tomato juice, which are tolerated early in the life of the infant. Pasteurization does not effect the "A" and "B" vitamins, but their variability in milk indicates that it may be necessary to supplement them in the diet. Cereals are a good substitute, but vary; of the cereals, whole wheat or "cracked wheat" is the best; but before that tolerance has been reached, vegetable juice, carrots or spinach are valuable supplements.

A word as to the prepared milk substitutes: Their use must be re-examined in the light of vitamin discoveries. Milk powders, canned milk, etc., are clean and safe, but can we longer consider them sufficient in themselves?

As children grow up, a wider choice of dietaries decreases the danger of vitamin deficiency. Here our slogan must be, "educate." Children are quick and eager to choose vitamin articles of food once they learn about the "mysterious helpers."

Rickets is caused by a deficiency of the vitamin "A". Cod liver oil, rich in "A", has a remarkable value as a supplementary food.

There is too great tendency among adults to confine their diet to meat, potatoes, cereals—by cereals I mean bread, cake, farinaceous puddings, as well as porridge.

The use of salads in the diet is not a foreign affection but a sensible adjunct to meals. Too little attention is paid to the use of eggs, cheese and milk. If salads are distasteful, cooked green vegetables may be used to decided advantage.

The use of yeast cakes as food has a sound basis. They are rich in "B" vitamins, their proteins are of a good quality, and they contain no



poisonous ingredients. Many people are reporting beneficial results from their use. Can we draw any lesson?

May I quote Dr. Eddy, to whose "vitamine manual" I am indebted for my most recent information on this subject, "whether it is necessary to use yeast cakes or any other form of vitamine depends entirely upon whether the ordinary diet is lacking in these factors, and my first advice in the matter would be to make, if possible, a selection of the vitamine containing foods and see if normal conditions did not result before using foods whose taste is not pleasing or which are taken as medicine."

Another phase of the vitamine question will be a reform in food manufacture. Too much effort has been made to purify foods—often the purification eliminates the essential nutrients. The most striking examples of this is our fine, white or patent Roller flour.

ESTHER L. KINNEY, Dietitian.

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## A Moral Prescription

BY RUBY I. KINGSWOOD.

---

It was 'hours off! With a sigh of contentment, Barbara McLean discarded her nurse's cap and wrist bands, then, picking up a book, she curled herself on the cot and began to read. She had scanned but a page, however, when a knock came at the door and a pair of snappy black eyes peered in at her.

"Was up on this flat, so thought I'd drop in for a moment."

"All right, Dot, come in."

The black eyes instantaneously absorbed every detail of the room.

"I say, Babs, what's the idea for having a motto fastened to the head of each bed? They put one in mind of inscriptions or memorials, or such. 'Ora et Labora'—that suits a Scotch lassie like you; but, 'Noblesse Oblige'—how under the sun did Belle ever come to choose such an inscription?"

Barbara yawned, then stretched herself till her toes touched the bottom of the bed. "Well, Miss Dotty Lee," she drawled, "if you're so curious to know, Belle's grandfather was a whimsical old French noble, and he gave it to her when she left home for college. It is ever to remind her that noble birth imposes the obligation of noble and courteous conduct. Belle loves it for the connection it had with her father's land and people."

"Sort of an individual heirloom, I would say," commented Dot. "O well, there's nothing like having your room a little different to the others. All the same everywhere you look! Bare walls painted green; two beds, two trunks, two chairs, a table, and a dresser filled with family

photographs. Dear knows, hospital training is hard enough at times, and I fancy a few portieres and fussy things wouldn't hurt us very much after coming off duty."

"Microbes, my dear! Microbes!" came a voice from the doorway. "You know that would never do—especially in the eyes of His Honor, Horatius G. Mooney, Superintendent of this Hospital."

Dot and Barbara looked up to see the second inmate of the room, and owner of the aforesaid motto, standing with arms akimbo and a quizzical expression on her face.

"I say, Babs", unceremoniously continued the intruder, "have you seen the latest bulletin on the board downstairs?"

"No! What are the changes this month?"

"Miss Margaret McLean and Mrs. Doran, "E" and "F" wards, night duty—".

"What! Do you mean it?" cried Barbara as she sat upright on the side of the bed. "O Belle, you're fooling!"

"No, I'm not. Cross my heart."

"Ye wooden gods!" drolled Dot, piously dropping to her knees and clasping her hands. "One month of long night duty with a partner having as much animation as a stick."

"Well," announced Barbara after a moment's thought, "a 'orsbital is a 'orsbital and we can't change hits laws, as orderly 'Enry says. But serious Belle, what is it that makes Kate Doran disliked by the rest of us nurses? She never does us any harm, and really she is not bad looking. Red curly hair ought to be popular—".

"If it didn't denote a hot temper, and if she didn't draw it so tight off her ears," commented Dot.

"And the silly little thing closes up like a clam when any of us attempt to be confidential," added Belle. "Why even my Noblesse Oblige attitude has been rudely snubbed at times."

"Strange she never comes to any of our social tete-a-tetes," said Barbara, thoughtfully. "I wonder if her life has been saddened by some past experience. Now that I stop to think of it there may be something in it. Odd we have never thought of it before. She's a widow, is she not?"

"Widow, or no widow, I do sympathize with you Babs," said Dot. "Never mind," she added reassuringly, "I'll give you a prescription." And taking a sheet of paper from the table she dictated aloud. "Mix a grain of Ora et Labora and sugar coat it with a teaspoonful of Noblesse Oblige, and give her one pill a day, and—"

"O Dot have sense—"

"Look girls what's coming up the hill," broke in Belle as she strode over to the window. "Accident of some kind!"



The others hastened to her side, and the three stood silent as an auto stopped with a jerk at the main entrance. Quickly a stretcher was brought, and a man laid carefully upon it, while another with bandaged head followed the procession into the hospital building.

"I see where somebody is going to have a busy time of it to-day," commented Barbara. "I wonder whose luck it will be?"

An hour later, as Barbara entered the main building to resume duties, she encountered Henry, the orderly.

"Good afternoon, Henry! By the way, what's wrong with the accident patient brought in this afternoon?"

"A hauto haccident, Miss. A Mr. Clayton: fractured leg and harm. 'Es off his 'ead at present, Miss."

"In what ward was he placed?"

"Right 'ere, Miss, room seven; in charge of Mistress Doran."

"Very well, Henry, thanks."

Barbara pursued her way along the corridor, when, on passing room seven, she was arrested by the sounds of wild chatter intermingled with soft low tones of command. The screen was slightly ajar. Barbara stood for a moment watching nurse Doran as she administered a sedative, then with finger-tips on her patient's pulse, stood motionless watching every movement. The usual look of indifference which characterized her had gone, and Barbara noticed that the small regular features were lit up with a new light of sympathy which she had never noticed before.

"I wonder," thought Barbara as she walked on, "If we have misjudged her. None of us have ever taken enough interest to really know. I believe there may be something in what that cynical Dot said. I believe I'll try the prescription anyway. What's the good of our mottoes if we don't intend to live up to them.

## Chapter II.

The left wing of the Victorian hospital boasted of its scientifically planned maternity wards. A broad corridor separated the nursery from the main and private wards, while at the extreme end an operating room was fitted up for none but such cases. Two large doors led to the nursery: one from the corridor connected with the main building, the other from the corridor of the left wing. Between the two was an alcove fitted with desk and chair, where the nurses marked their charts.

One week had passed since Barbara McLean and Mrs. Doran had been coupled together on night duty, but it was a busy week, and the two young women had had little time for disagreeing or otherwise. Mere professional courtesies had passed between them, and when relieved from duty, both were glad to escape to the quiet of their own rooms.

The first night of the second week, however, saw the left wing in perfect quiet. All was in darkness save for a dim light in the nursery and the low shaded light over the desk in the alcove.

Barbara McLean had passed quietly up the corridor, stopping at each door to listen for any need, then, seating herself at the desk, employed herself over a chart. The heavy glass door of the nursery was swung back against the dark wall, mirroring part of the interior of the room. Suddenly, a faint pathetic wail was heard, and Barbara, looking up, noticed the mirrored reflection of Nurse Doran as she stooped over the bassinet where a little soul was fighting odd chances for life.

Barbara tapped her pencil softly. "Strange," she thought, "how even the infants fight for life, and after all is said and done, what has life to offer—a struggle, a pang—and yet there is something glorious about it too." And softly she repeated to herself the words:

"I'm glad I live. If just to know the joy  
Of conquering self and sin, means all of life,  
Then give me life, that I might but employ  
My days and hours in one great glorious strife."

Rising, she noticed that Nurse Doran held the now quiet form in her arms, and was weeping over it. "I guess the little life has gone out," thought Barbara. "It will be hard on the poor Mother when she awakens."

With these thoughts, she made her way to the diet kitchen, and busied herself with various duties. But on her return half an hour later, she stood dumbfounded to see Nurse Doran still clenching the baby to her breast in heart-breaking agony.

"I guess I was right after all," muttered Barbara. "We certainly have misjudged that girl, for her life holds some tragedy, and Barbara McLean is the one who is going to find it out. But that can't go on. If the super. comes along there'll be something to pay."

She took a few strides back and forth in deep thought. "Best way, I suppose, would be to get the little coleen's temper up and make her forget herself." Then holding her head erect, she strode into the nursery.

"Kate Doran," she ordered, "you make me tired wasting so much time over a youngster that will die before morning anyway. Don't you know it's near the diet hour?"

"When you become a super. I'll take orders from you, and not before," came the quick retort. "The baby is dead," she continued, "and if you think yourself so clever, you may as well use some of your surplus energy in laying the body out." With these stinging words she put the child in its bassinet and walked out indignantly.

"You'd better cool that head of yours and go and report it to the super.," called Barbara in an undertone; then with a sigh and heart-ache, she picked up the little form and prepared it for its last resting place.



With the morning hours the left wing took on a different aspect. Everything bristled with activity. Nurses in fresh uniforms went crisply about their duties, brightly exchanging bits of comment as they passed each other. Patients in the main ward gossiped together of their welfare; doctors in white duck uniforms passed in and out of the operating room; while the voice of Henry the orderly was heard in high pitched vexation as he instructed a novice in the art of polishing the floors. "I say 'Arry, cawn't you do a bit better than that? This 'ere 'orsbital is paying you for polishing of the floors, not a dustin' of 'em."

Presently the door of one of the private wards which held a small placard, "Do not disturb," opened, and nurses McLean and Doran stepped out and closed the door behind them.

"How does the patient seem now?" asked the supervisor, as she stepped briskly up to them.

"She is resting nicely," answered Barbara. "The death of baby was quite a shock to her. Her husband is with her at present."

"Very well," said the supervisor kindly. "I guess you girls are ready for rest. I ordered breakfast to be kept an hour later for you. You will find it waiting in the small dining room."

Without speaking, the two girls found their way to the cosy dining room of the superintendent nurses. The early spring sunshine smiled warmly on them through the large bay windows, while the hot tea brought back renewed energy to their tired minds.

"This treat is almost worth the extra hour's work, isn't it?" commented Barbara. "Looks like a grand day out. How would it do if we were both to take a hike back of the hill after sleeping hours?"

"It would be very nice, but I'm afraid I cannot go this afternoon," replied Kate, rather stiffly. "To-morrow's exam. is obstetrics you know, and I'm afraid I'll have to study. Any of the other girls will go with you, I'm sure."

"O bosh with the other girls, Kate, I asked you and I want you. Look here, why can't we both take our books along and study as we go?"

"Very well, if you really want me." And Barbara was quick to notice the flush of pleasure that passed over her face.

At the hour of four, a small-featured, red-haired young woman, in a plain tailored suit and hat, frankly surveyed herself in the mirror of her bedroom. "Kate Doran," she said to the reflection, "you're a little fool to start being chummy with the popular girls of the hospital. You know you can't keep up with it. Your suit is looking shabby now, and it still has to last a year and a-half; and shabby suit with red hair will only bring woe and not pleasure."

"O well, go for once," replied the reflection. "You know Mickey aiways told you you were pretty."

"Ah yes, but I've changed since then. Nobody cares what I look like now—no, there is not one soul who actually cares." Then, hesitating she whispered, "I believe I'll do my hair like I used when Mickey was here." And impulsively removing her hat, she caught the red masses in a loose coil at the back of her head, while soft waves fell becomingly over the ears and forehead. She had just put in the last hair pin when a tap sounded on the door.

"Come in!"

The door opened, and Barbara McLean stood astonished at the transformation. "Kate Doran," she exclaimed, how beautiful your hair looks! I never noticed it so pretty before."

"I guess it is because my cap covers it," answered Kate rather confusedly, as she pinned her hat on.

The two girls then left the building chatting gaily together, while from the third story window Dot Lee looked down in amazement. Grabbing the arm of a passing nurse, who happened to be none other than Belle DeLacour, she pulled her to the window. "Look who's out walking together. If that wouldn't beat— I guess she must be trying my prescription after all." And so saying she burst into a peal of laughter.

"Nothing so very funny as I can see," answered Belle impatiently. I guess, if we took the trouble to find out, Kate Doran is as good as any of the rest of us."

*(To be continued.)*

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### THE PASSING

We say—"Time passes"—

It is we who pass,

Along the vast, vast

Screen—Eternity.

There is no time—but

As our shadows fade,

So do the scarlet

Wounds—sad grief has made.

And as our shadows

Dim—the pain and joys,

Fall from us—as a

Child throws down his toys.

The present state of

Life—a seer can see—

Is but a passing

To the things—to be.

—*Mary Du Deuey*



## The Child Welfare Act, 1922

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The Child Welfare Act of Manitoba became law at the close of the session of 1922 after a somewhat stormy and perilous voyage. It does not embody any very new or startling legislation, but is designed rather to correct both the overlapping and uncovered territory which resulted from the several existing Acts and their administration through several departments. As may be expected, the Act does not go far enough to satisfy some elements, and is too radical to suit others, but at the same time it is characterized by a spirit of fair play, and the few alterations that have been made in the existing law are of such far-reaching importance that they alone justify its existence and should win for those who gave so much time, thought and labor to its preparation the hearty appreciation of the womanhood of Manitoba.

The Act is the tangible result of a Commission appointed in 1917 to report on conditions of Child Life in the Province, which Commission was composed of such representative citizens as Mrs. Copeland, Mrs. Halpenny, Mrs. Clements, H. J. Symington, T. H. Johnston, D. B. Harkness, Dr. Mathers, Miss Ethel Johns, R.N., W. J. Fulton, J. M. Thompson and Robert Forke. The Commission, after a careful study of provincial conditions and a detailed survey of advanced legislation on the subject in other countries, notably the United States, Norway and Sweden and Great Britain, recommended a consolidation of the existing laws so far as the province had jurisdiction, and the creation of a Department of Public Welfare. Accordingly, the Children's Act, the Infants' Act and the Illegitimate Children's Act are repealed, leaving the written legislation affecting children in general consolidated in the Child Welfare Act and the Juvenile Delinquents' Act (Dom.).

The first of the eleven parts comprising the Act deals with the creation of a Department of Public Welfare presided over by a Minister of Public Welfare. To assist him there shall be a Director and such staff as will be appointed by the Lieutenant-Governor-in-Council. The duties of this Department are set forth in detail, but in general may be summed up as follows: (1) The dissemination of knowledge of care of children through Children's Aid Societies and Child Welfare Commissions throughout the province; (2) the supervision of all children placed in foster homes throughout the province, either as wards of the province committed by a judge or brought into the province for settlement by charitable organizations.

The head office of the organization is to be in Winnipeg, and is to include a "receiving home" into which may be received any children who come within the jurisdiction of this Act. A psychiatrist and a board of not less than five or more than seven are to be appointed to study the needs of the cases so received and to make recommendations to the

Minister with regard to institutions, custody, education and care of such children. Of the board only the psychiatrist is to receive remuneration.

Part 2 deals with juvenile courts. Adequate provision in this regard has already been made by the Juvenile Delinquents' Act of the Dominion Statutes, 1908, by which any child who has been guilty of a breach of any Dominion or Provincial statute may be tried in juvenile courts where the procedure is better suited to the needs of children than that of the ordinary courts. The Child Welfare Act therefore passes over this phase of the subject very briefly, merely providing for the appointment of deputies and the establishment of a detention home.

Part 3 is directed to neglected children and was a question which brought forth a great deal of discussion. What constitutes "a neglected child"? The answer is found in some seventeen sections which, in general, include any child who has been abandoned or is being neglected, as evidenced by being found begging or associating with disreputable persons, or who being under the age of twelve years is found employed between the hours of 10 p.m. and 6 a.m. Such child shall be apprehended without a warrant by any police officer or person acting under the authority of the Child Welfare Department, and placed in the receiving home for proper consideration. The executive shall then immediately notify the parents and bring the child before a judge for investigation of the case within two days. If the judge finds that the child is a neglected child within the meaning of the Act, he may order the child placed under the care of the Department or in an Industrial School.

Part 4 deals with children whose parents have not been legally married, and is in general a re-enactment of the Illegitimate Children's Act. It provides that if an unmarried woman is pregnant and her child is likely to be born while she is unmarried, she may lay an information before a magistrate setting out the facts and giving the name of the alleged father. The alleged father may then be brought before the magistrate and required to give a bond. If the bond is not forthcoming, he may be committed to gaol pending trial until such time as the child is born. As soon as convenient after birth of the child, the father and mother shall be brought before a magistrate for hearing of the evidence. If the accused is adjudged to be the father of the child, the magistrate may order him to pay (a) the hospital expenses of the mother and (b) the funeral expenses of the child if it has died or (c), if living, maintenance in accordance with the means of the father. This latter clause is a marked improvement on the former law, by which the father could free himself from all responsibility by payment of a lump sum of approximately \$400 without regard for his means.

Part 4 further provides that no such order shall be made against an accused unless the mother's evidence be corroborated. If no order is made against the father, he shall be entitled to his costs of defence against the person who laid the charge, thus recognizing the fact, whether we



like to admit it or not, that there are unscrupulous women as well as men, and justice must be afforded all parties concerned. Either party may appeal against the decision of the trial judge to a judge of the county court. The vital statistics department, or any institution caring for an unmarried mother, must report the case to the Department of Public Welfare.

The problem of the illegitimate child is one of the most difficult with which we have to grapple, involving as it does the question of penalizing the guilty parties, without undue discrimination against the unfortunate offspring. It was most regrettable that, through the determined opposition of one of the members of the legislature, section 72 should have been deleted. The section is as follows:

"Where it is impossible to establish the paternity of a child because of its mother having had intercourse with several men during the period in which the child must have been begotten, each man who had intercourse with the child's mother during such period and who might possibly have begotten the child shall be liable for the support of the child during its minority, and in proceeding before a judge of the juvenile court, or a police magistrate or justices of the peace, brought by the director to secure the child's support, every such man may be ordered to contribute to the support of the child during its minority in such measure as the court may determine in consideration of the circumstances of the case and the needs of the child, and the provisions of the preceding sections as to enforcing the order of the court shall be applicable. Provided, however, that no such order shall be made unless evidence of the mother is corroborated by some other material evidence implicating the accused."

Under the existing law, if the accused can prove by means, fair or foul, that several men had intercourse with the informant about the same time, all escape liability, despite the fact that the joint moral liability is the same.

The ever increasing problem of the feeble minded and mentally defective is dealt with in part 5. These include all stages of feeble mindedness, and provision is made by which the parent of such child may have it examined by the board and psychiatrist of the receiving home, and upon this finding may, with the approval of the director, either take the child home again or place it in a proper institution.

Any teacher, nurse or person who has charge of such child may notify the Department and have the case investigated, and if the parents refuse to co-operate they may be ordered to produce the child for examination.

Part 6, respecting handicapped children, refers to cripples or those who, from lack of development of any organ, are prevented from receiving education in the ordinary way. All cases reported to the Department

shall be investigated and fullest co-operation made with the parents or guardians in so far as special education and training may be in the best interests of the child.

In the case of deaf and dumb children of the ages of eight and fifteen, it shall be the duty of the director to require that such children shall attend a suitable institution for at least four months in every year.

Part 7 deals with immigrant children, meaning those children brought into the province for settlement by any charitable organization, e.g., Dr. Barnardo's Homes. All children so placed must be reported to the Department of Public Welfare and the child then becomes a ward of the province and subject to the supervision of this department. The organization that placed the child shall be responsible for the costs involved in placing the child and shall in general make its own contracts, subject always to revision by the Department of Public Welfare. The idea seems to be to allow such organization to proceed on its own initiative, but giving the department the right to interfere should the need ever arise.

Regulations for the establishment of Child Welfare organizations are provided for in Part 8.

Any twelve or more persons entitled to vote at the provincial elections may make application to the department for incorporation and all societies already organized under the Children's Act shall be deemed incorporated under this Act.

The general rules of management of such societies are set out in detail in the Act and need not be enumerated here.

Part 9 deals with the adoption of children. All applications for adoption shall be made directly to the Department of Public Welfare, and after proper investigation a certificate of adoption may be given, subject always to the child being returned to its own parents. Any newspaper advertising a child for adoption must furnish all particulars at its disposal to the department. The foster parents are to assume all the duties of natural parents, and are entitled to all benefits derived therefrom as though the child were natural born. Such homes shall be properly investigated and reported upon annually.

A further improvement upon the former law has been made by the provision that after one year of adoption, application may be made to a county court judge for certificate of permanent adoption. Thenceforth all supervision by the department or liability of interference by the parents ceases. Formerly at common law no parent could abrogate his or her inherent right to custody of their child, and no agreement to the contrary afforded any protection to the foster parent.

Questions involving the guardianship of the child are set forth in Part 10, and this section opens with the important statement, "*Notwithstanding any rule of law heretofore in force to the contrary, the rights*



*of the father and mother in the custody and control of their children shall be joint, subject, of course, to any order of a judge providing otherwise."* The remaining sections of this part are largely technical, dealing with the procedure of legally appointed guardians acting on behalf of children in the case of contracts, litigation, real estate transactions and so forth.

The final part contains numerous miscellaneous provisions, and is designed to care for any details so far omitted. Amongst these may be noted the following: Municipal council in cities, towns and incorporated villages may regulate the hours for children to be on the streets at night without proper guardianship. Any children found loitering after the time so fixed may be warned to go home, and if such warning is not heeded the child may be taken to one of the Public Welfare shelters.

By-laws may be passed regulating and controlling the licensing of children engaged as—

- (a) Express or dispatch messengers;
- (b) Vendors of newspapers;
- (c) Shoe shiners;
- (d) Pin boys of bowling alleys;

and to prohibit children from being so engaged without a license. No license shall be given for work after 8 p.m. during the months of December, January or February, or after 9 p.m. for the rest of the year, and never during school hours.

Section 158 provides that every town or city with a population of 3000 or over shall provide places known as shelters of the temporary care of neglected children.

Children employed in public entertainments, circuses, etc., must be licensed and careful supervision made by the department to see that the terms and hours of employment are strictly complied with.

These are the general provisions of the Child Welfare Act. Inadequate as it may be to meet every contingency that may arise in regard to the welfare of children, it nevertheless provides us with a good working basis upon which we may build.—*Winnipeg General Hospital Alumnae Journal*.

MILDRED B. McMURRAY, B.A., LL.B.

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### AUTUMN COLORS

October's hiding in the woods,  
And there we'd better leave her;  
For Mr. Frost has whispered round  
That she has scarlet fever!

*Pauline Francis Gamp.*

## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

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### LECTURE XI.

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(Continued from last month.)

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The feelings of the impressionable and passionately earnest youth were first publicly expressed a month later in a salon at Milan, where he suggested the idea of a general committee of succour in time of war and the internationalization of the charity, with the adoption of a special sign to be recognized by all. A temporary local relief society resulted. Returning to Geneva, Dunant wrote his famous account, published under the title "*Souvenir de Solferino*," which described in vivid and eloquent terms the appalling sufferings to which he had been witness, and proposed the formation, in time of peace, of relief societies for the care of the wounded in war. The pamphlet was widely distributed throughout Europe, running through many editions, and made a profound impression. It was immediately followed up by him with a personal visit to many European countries; Frederick Charles of Prussia, who was then Grand Master of the Order of St. John of Jerusalem, promised the support of the Order, and the Queen of Prussia was an ardent sympathizer, as was also Napoleon III.

The next step was taken by the Society of Public Utility of Geneva, under the presidency of Mr. Gustave Moynier, which met on February 19th, 1863, and appointed a special committee, which in turn sent out a general invitation for a conference, which was held at Geneva on September 26th, 1863, to consider the question of volunteer aid for the medical service of armies in time of war, and also the neutralization of its personnel. Thirty-six delegates were present, representing (semi-officially) fourteen different governments, six delegates from various associations, seven unaccredited visitors, and the five members of the Geneva committee.

This conference proposed the formation of national committees in all countries to remedy the inadequacy of official sanitary measures and to organize volunteer nurse corps, and it adopted as an "identical distinctive sign" for the "volunteer nurses" and for the medical corps of field hospitals of all armies, the badge or "heraldic emblem" of a *red cross on a white ground*, being the arms of Switzerland reversed; and finally it proposed that "in time of war neutrality should be proclaimed by the belligerent nations for the field and stationary hospitals, and be



accorded in the most complete manner to all officials employed in sanitary work, volunteer nurses, inhabitants of the country who shall assist the wounded, and to the wounded themselves." Results followed rapidly. National committees were formed in the countries represented, and the Committee of Five, now known as the "*Comité Internationale de la Croix Rouge*,"\* approached practically all the governments upon the question of the neutrality of medical corps in war. Fifteen responded favourably, whereupon an invitation was issued, which was accepted by sixteen governments, twelve of whom accredited their representatives with "treaty powers." The neutrality convention at Geneva (or the celebrated Red Cross Treaty) was signed by these twelve delegates for their respective countries on August 22nd, 1864. It thus constituted an international agreement "for the amelioration of the condition of wounded soldiers under a campaign," and established the neutrality of the wounded, and those in attendance upon them, under the distinctive Red Cross flag. In 1906 this convention met again, thirty-seven powers being now represented, and amended and extended its articles in numerous important details. By 1907 fifty-seven countries were officially enrolled under the Treaty of Geneva, or the Red Cross.

The names of the following governments whose plenipotentiaries signed the Geneva Convention on August 22nd, 1864, are embodied in the treaty: The Grand Duchy of Baden; the Swiss Confederation; the Kingdom of Belgium; the Kingdom of Denmark; the Kingdom of Spain; the French Empire; the Grand Duchy of Hesse; the Kingdom of Italy; the Kingdom of the Netherlands; the Kingdom of Portugal; the Kingdom of Prussia; and the Kingdom of Wurtemberg.

The extension of the Red Cross movement throughout civilization in the immediately succeeding years is shown by the following statement of dates of entrance of the various countries named: Sweden, December 13th, 1864; Greece, January 5-17th, 1865; Great Britain, February 18th, 1865; Mecklenburg-Schwerin, March 9th, 1865; Turkey, July 5th, 1865; Wurtemberg, June 22nd, 1866; Hesse, June 2nd, 1866; Bavaria, June 30th, 1866; Austria, July 21st, 1866; Persia, December 5th, 1874; Russia, 1874; Montenegro, November 17-29th, 1875; Servia, March 24th, 1876; Bolivia, October 16th, 1879; Chili, November 15th, 1879; Argentine Republic, November 25th, 1879; Peru, April 22nd, 1880; United States, March 1st, 1882; Bulgaria, March 1st, 1884; Japan, June 5th, 1886; Luxemburg, October 5th, 1888; Hungary, Congo Free State, Venezuela, 1894; Siam, June 29th, 1895; South African Republic, September 30th, 1896; Canada, December 2nd, 1896; Honduras, May 16th, 1898; Nicaragua, May 16th, 1898.†

\* This committee, which consisted at that time of M. Gustave Moynier, Gen. Drefour, Dr. Louis Appia, Dr. Theodore Maunoir, and M. Dunant himself, has remained in office ever since, and is the International Committee to-day.

† This list is collated from Miss Clara Barton's valuable book on the Red Cross, published in 1898, which is now out of print.

- Slide 263. Sir John Pringle (1707-1782). A pupil of Boerhave and Albinus; recognized as the founder of Modern Military Medicine, and the originator of the Red Cross idea. A distinguished surgeon in the European wars of the time, and Surgeon-General of the English army from 1742 to 1758; a pioneer of the antiseptic idea. Published "Observations on Diseases of the Army." Garrison informs us that his other claims to recognition are that he described typhus fever accurately and showed that gaol fever and hospital fever were the same; he named influenza, and correlated the different forms of dysentery.
- Slide 264. Henri Dunant. Chief agent in the organization of the International Movement which led to the Convention of Geneva or the Treaty of the Red Cross, therefore popularly known as the founder of the Red Cross Society. The picture was taken from the Scientific American Supplement of February 1st, 1902, page 21817, and shows him as he was at that date,—a man of advanced years, with a long beard. An account is given there of the six laureates of the Nobel prize for that year. The Peace prize, one of five prizes given, each amounting to \$41,600.00, was divided between M. Dunant and M. Frederick Passy.
- Slide 265. Copy of an engraving showing a "Chronological Historic Tree" which illustrates the development of the Red Cross during the first twenty-five years after its organization. It bears the inscription at the top: "Published by the International Committee of the Red Cross at Geneva on the occasion of the twenty-fifth anniversary of its foundation, 1863-1888." The central branch of the tree represents the work of the International Committee; the right branch the formation of international societies or committees; the left branch the dates of adhesion to the Treaty by the various nations, whose coats of arms and names are visible.
- Slide 266. The Fourth International Conference held at the Court of Carlsruhe, in 1889. In the centre of the front row (seated) is Henri Dunant; to his left is M. Gustave Moynier, First President; Clara Barton is the second from the extreme right in the front row. Fifty-eight persons, including four women, are present as having taken part in the Conference.

#### ORIGIN OF THE FRENCH, BRITISH, AND CANADIAN RED CROSS

##### *The French Red Cross*

France was one of the original twelve signatories to the treaty of Geneva in 1864, and is said to have been the first great Power to take action under it. The French Red Cross carried on in the wars of 1866 and of 1870—in the latter with great activity, as did also the Societies of Germany and Great Britain. At the close of this war, the French Societies proceeded to form training-schools for Red Cross nurses throughout France and to improve its Ambulance Material. The active part taken by the Society in tuberculosis work during peace throughout France, following upon the action of the International Committee in 1905, has already been mentioned. The outbreak of the Great War found the French Red Cross splendidly organized, with resources estimated at about £1,000,000. It consisted of three active associations united under one central committee,—the *Société des Secours aux Blessés Militaires*, *l'Union des Femmes Française* and *l'Association des Dames Française*. A fourth society, *l'Association des Dames de France*



worked in conjunction with the Red Cross but not directly under it. In spite of some initial confusion and overlapping as a result of the sudden demands made upon it, the *Croix Rouge* did a phenomenal and brilliant work both in placing its own auxiliary units in the field in an incredibly short time, and also in co-ordinating the numerous offers of help and equipment that came to it from every side. A report issued in the autumn of 1914 showed that *l'Union des Femmes de France*, which makes it a point of duty that every woman should be trained to help in war, was able to immediately call into being 204 auxiliary hospitals equipped to receive 13,000 wounded, and staffed by 10,000 nurses and 2,600 directresses; and that by August 8th the *Association des Dames Francaises* and the *Association des Dames de France* each had 105 such hospitals containing 20 to 300 beds ready for action. All the auxiliary volunteer units working in France not directly under the Red Cross of the other Allies, such as the American Ambulance at Neuilly and the Women's Hospital Units, were accepted by the *Croix Rouge* and worked under its inspection and approval. Its work throughout was further and admirably supplemented by the Paris Committee of the British Red Cross.

Slide 267. The Ambulance of the *Comédie Française* (1870-71) showing the French Red Cross at work in Paris during the Franco-Prussian war. Volunteer lady nurses with the Red Cross on their arms are seen assisting among the wounded soldiers. Prof. Alfred Richet bends over a man on whom he is operating. From a picture in the *Ecole de Médecin de Paris*. Painted by A. Brouillet 1891. The same building was used as an Auxiliary Hospital by the French Red Cross in the Great War.

#### *Evolution of the British Red Cross*

Two British delegates, Dr. Longmore and Dr. Rutherford, friends of Miss Nightingale, whose drafted instructions they carried, attended the Congress of 1864, but, as shown above, Great Britain did not sign the Treaty until the following year, 1865; and it was not until the outbreak of the Franco-Prussian War in 1870 that the British National Committee was formed through the initiative of Mr. (later Sir) John Furley, and the generous support of Lord Wantage. Like the other early Red Cross Societies, it bore at first the title "The National Society for the Aid of the Sick and Wounded in War," and it carried out its operations under this name for the next thirty-five years. During the Franco-Prussian war it raised £300,000 and prepared large quantities of supplies and equipment under the Chairmanship of Princess Christian. In 1899 a second body, with similar functions, was formed, with Government support, entitled "The British Central Red Cross Council," and in July, 1905, the two organizations were merged together under the name "The British Red Cross Society," which now became a powerful organization, whose Council bore the names of representatives also of the St. John Ambulance Association and the Army Nursing Service Reserve. Early in the Great War, on October 24th, 1914, a still closer

combination of forces was consummated in that the Committees of the British Red Cross Society and of the Order of St. John of Jerusalem were amalgamated for executive purposes in a "Joint War Committee," which functioned throughout the war and remains in action to-day. (A brief statement of the British Red Cross Nursing activities in the Great War, with illustrative lantern-slides, is given for the sake of continuity *after* the account of the work of the Order of St. John below).

Slide 268. Sir John Furley. Founder of the British Red Cross Society and its Commissioner abroad during the Franco-Prussian war, 1870-71. Was made Honorary Treasurer of the British Red Cross Central Council on its organization in 1899, and was General Superintendent of Red Cross work in South Africa during the Boer War 1899-1902. For devoted services while working with him through the latter war, his wife, Lady Furley, was given the Royal Red Cross.

Slide 269. Princess Christian Hospital Train. A form of equipment new at the time, planned by Sir John Furley and presented to the Red Cross for use in South Africa by Princess Christian.

(To Be Continued)



### GEMS OF THOUGHT

The real difference between men is energy. A strong will, a settled purpose, an invincible determination, can accomplish almost anything; and in this lies the distinction between great men and little men.—*Fuller*.

Christianity commands us to pass by injuries; it is policy to let them pass by us.—*Franklin*.

Lie not, neither to thyself, nor man, nor God.—It is for cowards to lie.—*Herbert*.

"Luck" is a very good word, if you put a "p" before it.—*Anon*.

Slight small injuries and they become none at all.—*Fuller*.

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Here's to the woman who says "I will,"

Regardless of what befalls her,

And doesn't despair at her load of care,

Or the road thro' which fate calls her;

Who leans to the cross in her heavy loss,

And finds, whate'er her station,

That the sweet and pure are the things that make

Her the noblest of God's creation.



## Editorial



A WARNING.—A letter was received from a nurse in Brandon, stating that she had subscribed to TWO Canadian Nursing Journals through two young men who claimed that they were putting themselves through the University and were endorsed by the G.W.V.A., which was getting a "rake-off" on all subscriptions. These men stated that there was a *Canadian Nurse and Hospital Review* magazine, published in Toronto, and were given the information by the nurse in question that there was one published in Vancouver. She wrote to me at once asking me if it had been received here, and evidently felt herself that the statements of the men were incorrect. The G.W.V.A. in Vancouver were communicated with, and they told the Editor that they were constantly warning their branches to be on the lookout for men who claimed that they had the endorsement of that association.

In this particular case, nothing can be done after this length of time, but an earnest warning is sent out with the request that it be read at all association meetings throughout Canada. This office employs no agents, and any one coming from door to door stating that they are authorized to take subscriptions is a faker and getting money under false pretences, and should be at once reported to the local police.

Send all money direct to this office, preferably in the form of money orders or certified cheques, with proper stamps and exchange added.

\* \* \* \*

Now that all the associations are getting down to their winter's work and making plans for same, it might be a good time to remind the members that the support of your magazine is far from what it should be.

If a census of subscribers in each association could be made, it might be an eye-opener to the officers of that association.

As the Editor has stated so many times before, one's garment must be cut according to the cloth on hand, and our financial standing ever since we bought the magazine has always been one where the slightest extra expense, enlargement, better paper for publishing, etc., had to be held over because the treasury of the magazine showed just sufficient, and sometimes not even that, to carry on.

Subscription to our only nursing journal should be one of the first duties of each association.

A word about the material sent in might not be amiss. Most associations appoint a member at the annual meeting to send items. That is good, so far as it goes, but how many ask at each meeting if she has

done her duty in this particular? Twice, lately, the Editor has been asked in no pleasant way why items sent in have not been printed. It seems so much easier to place the blame on the Editor than to say that the material in question has not been submitted to this office at all.

If the correspondents would remember that personals of small interest, except to one or two, as the summer vacation of the members, etc., must be cut out in order to give place to those of more importance, it would help much. Notices of the monthly meetings, unless something of moment takes place, are hardly interesting to those outside the members, who get this in the regular minutes of each meeting. There are, however, in practically every locality, interesting items which should be sent in by the person delegated to do so. Some provinces have adopted a good plan when they ask all local associations to send in items to the Secretary of the Provincial Association, who segregates them and sends them in. All matter must be subject to the space allotted in the magazine, which again is settled by the money in the treasury.

If correspondents would be certain of the accuracy of all statements they make in sending in reports, and would see that all material is posted so that it reaches the office in Vancouver before the 20th of the month, much more satisfaction would be given to all interested.

\* \* \* \*

The Rockefeller report, as outlined at the A.N.A. Convention in Seattle, opens a field for the nurses' study during this coming year at association meetings. We, as Canadian nurses, must take cognizance of it and study the significance of its different conclusions. We should not, however, start to earnestly consider it with the carefulness due its importance till the full report is published, which will be soon. This consists of 400 pages of what will naturally be one of the most valuable contributions to nursing literature. This report is the more valuable in that most of its members were not nurses, and it represents the best element in thinking minds of the country. We have been prone always to take a more or less narrow view of nursing, its conditions, training and effect on the community. Now we must look at ourselves in a general way, feeling that we are indeed a body of professional women, therefore must have the professional standards of education, both general and relating to our own special professional studies. We cannot concede lower standards, and, through our own efforts, strengthened by such reports as this, should bring every training school either into line or force them out of existence. Our standards are reasonable, and for no cause of expediency can we allow ourselves to lower them nor to blink at the evasion of set standards such as we have now. No province can afford to be without a specially fitted woman to survey the schools, one whose influence slowly but nevertheless surely must convince the Boards of Trustees that there is a responsibility all theirs when a school is attached to a general hospital, to give the education required. That



there is only common honesty in this statement, every man and woman on the boards can be brought to admit. Unless we, claiming the right to administer our registration laws, look to the inspection of conditions which do exist in every province, and can honestly state that we know our worst features in these present conditions, we are evading our responsibilities and not worthy of the position we wish to take.

Let this survey, honest, full, just but considerate of all the difficulties that do exist for the hospital boards and the heads of hospital training schools, bring in a report to provincial associations—looking on each deficiency found out as something gained; then, and not till then, will we be in any position to make a definite move for the betterment of them. We must know where we stand in this Canada of ours, that the Rockefeller report with its weight of impartial investigation may be the help it should be to us. There are dangers in it, dangers that we must see and guard against, but we cannot be indifferent to its warnings and suggestions nor turn lightly to things of lesser importance with a feeling *that it does not concern us here.*

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## Letters to The Editor



It has been with much interest I have read the articles in the September number of the "Canadian Nurse" on "Annuities", and would like to call your attention to the fact that there is another plan of government annuities which, to my mind, seems more advantageous. That is the guaranteed 10 year plan A. policy; of course it is not the ten dollars a month, but the hundred dollars a year; the premiums are a little higher than the nurse's premiums, but it means your heirs will receive the money for the remainder of the ten years or until forty quarterly payments have been made.

All anyone wishing to purchase an annuity has to do is write to Mr. S. T. Bastedo at Ottawa, stating age, and he will give the rate of premium.

Hoping this information may be beneficial to some one,

I remain, yours truly,

ETHEL G. ALEXANDER, R.N.

R. M. D. No. 2,  
Mascouche, Que.  
Sept. 10th, 1922.



Yet I doubt not thro' the ages one increasing  
purpose runs,  
And the thoughts of men are widen'd with the  
process of the suns.

*Locksley Hall.*

# Public Health Nursing Department



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Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.

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Address public health news items from each province to the following representatives:

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An interesting feature of the programme of the Public Health Section of the C.N.A.T.N. in Edmonton was the reading of papers prepared by the several provincial representatives indicating outstanding features in the recent development of Public Health nursing, in their respective provinces.

The reports from Nova Scotia, Alberta and Ontario follow:—

## ORGANIZATION OF PUBLIC HEALTH NURSING REPRESENTATIVE OF PUBLIC HEALTH

Given the opportunity, the right tools and environment—creative ability,—organization should be a comparatively easy task. But how often a fault is made in building up a new enterprise? By endeavouring to produce something entirely foreign to the material used in the construction, the result is always—failure.

When I speak of organization, I mean the development of districts in portions of the province that have no bearing or connection with city or urban life. If a Public Health nurse would enter this field with the desire to make a success of the enterprise, she must seek the viewpoint of the people, become one with them, and familiarize herself with their



needs. Unless there is ready sympathy and tolerant respect for the opinion of the other man or woman, the Public Health nurse might just as well give up her attempt.

First, a topographic survey of the lay of the land,—perhaps Alberta has the most striking contrasts of any province in the Dominion in the variety of its natural formation, from the rolling prairie to mountain peaks; undulating hill and valley to muskeg and virgin forests. Approximately two-thirds of the country is served by railways, the towns varying in population being scattered along the lines on an average of eight to ten miles apart. To the west and north, where the railway is only under partial development, the country is well opened up by enterprising settlers. Add to this our great waterways, and it will be readily seen that any cut-and-dried method of procedure in organization is quite out of the question. We have to govern the size of our district by the local surroundings and the peculiar needs of the people. Our system of forming a new district is along these lines: First, a site is selected as centre, presumably a town on a railway; this town, which may consist only of a store and post-office, nevertheless forms the nucleus, and a radius containing from thirty to forty schools is embraced.

A letter is circularized from the main office to the secretary-treasurer of the schools explaining our policy, then an organizer goes in and meets the school trustees, explaining in detail the work of a Public Health nurse. We always take the school for the foundations of our organization; the reason for this is, that in Alberta, no matter how isolated the country may be, we find schools, providing there is even a meagre population. But in many instances we are without the aid of those local societies and clubs which form such a strong asset in our work, hence we look for our support from the interest taken by the individual himself.

It is seldom necessary to explain the purpose of our organization beyond the members of the School Board, though a public meeting is sometimes advised, as the general public is anxious to know the aims of the Health Department and what service it has to offer the people. This work is comparatively in its infancy, but one seldom meets with real opposition, as the people in the country are of a reading and thinking type.

Perhaps our chief difficulty lies in our transportation, for although the railway may enter the Public Health district at one given point—distance and space belong to the nurse unassisted by the locomotive,—so, to fill the need of better travelling facilities, each nurse is provided with her own car.

After the Public Health nurse has established herself in a district, the work of forming a Child Welfare Station is left to her. The Public Health nurse should have sufficient initiative to undertake this organization herself, and it is never commenced until the nurse has had the opportunity of meeting the people, especially the mothers and babies. Her school inspection and follow-up work serve as a natural channel to

this end. She usually seeks the co-operation of the several women's societies wherever they may be found: United Farm Women of Alberta, Women's Institutes, Independent Order Daughters of the Empire, and Church Societies as well as the several Men's Clubs.

Enthusiastic support is always given the nurse. I will read to you the following extracts taken from nurses' letters in reference to their Child Welfare work.

Report from Cardston, our most southerly district in the Province:

"Regarding the opening of the Child Welfare Station in Cardston, I had very little difficulty. I talked with different women whom I met after first arriving about opening a Child Welfare Station, mostly women who were officers in the different women's organizations, such as the Women's Institute, and U.F.W.A. They were very much interested, and told me of a room in the Court House which had been used by the Red Cross Society while they were engaged in war work, and which they thought I could get the use of. I went to the President of the local Red Cross Society, who assured me that they had no further use for it, and advised me to speak to the Mayor of the town. From the Mayor of the town I was referred to the Sheriff, and from him to the Member of Parliament, and so on, until I had interviewed any number of people, but I kept on until I got permission to have the room rent free, and also the use of the Court Room every Saturday to use as a waiting room. I advertised the opening of the station in the local newspaper for two or three weeks previous to the time I opened it, which was in October. Since then it has been open seventeen Saturdays, and there have been 110 visits paid to it. I have sent the Child Welfare Station announcement cards home with the pupils in each of the schools in the district by way of advertising, also. I believe the most important consideration in opening a Child Welfare Station, or even in beginning Public Health work in a district, is to give as little, or better, no expense, to the town or district until the work has been well demonstrated to the people, and they see that good results can be obtained."

Extract from Report of Children's Health Conference held at Cardston, May, 1922:

"We held a very successful Children's Health conference on May 20th. It was a very dull morning and rained heavily for about two hours, between 11 and 1 o'clock at noon. However, it brightened up after the rain, and we had 87 babies and children under school age out. We had enrolled 100 babies, all that we believed could be satisfactorily handled in the time arranged for the conference. Those from the surrounding country we had enrolled to come between one and three o'clock, and on account of the rain very few of them came in.

"All three Doctors assisted alternately between 10 and 12 a.m., 1 and 3 p.m., and 3 to 5 p.m. We had three married nurses assisting, as well as several other ladies from the Women's organizations. Cocoa and biscuits were served to the mothers while they were waiting, and milk to the children."

Extract from letter from Grande Prairie, our most northerly point:

"We held clinics at the different fairs, and in that way interested the people. Then, when we were giving those lectures, I had quite a few mothers come to me for advice, and also expectant mothers after advice too. While inspecting the schools in the country, I met with some mothers,—one who was anxious to have me bathe her baby. I found her sitting by the stove with a little round basin on a chair, holding the babe in her lap. I demonstrated to her the way we bathe the baby on the table. Some mothers came to the schools. I demonstrated the bottle feeding and also the diet up to the school age. Also proper clothing for a babe—I found some dressed far too warm for summer.

"In my district I am holding clinics once a month, as I find it impossible to hold them oftener in the big district I am covering. At every



clinic the attendance is gradually increasing. Mine are also held without the doctor. I give them advice, weigh, measure, and have also given demonstrations on bathing and bottle feeding. In the summer I hope to be able to carry on some clinics in the country districts, but it would be impossible in this 50° below weather."

In conclusion, I wish to point out to you that rural organization is not difficult if the aims and objects of the work are clearly presented to the people. The well established farmer and the new settler soon realize that a Public Health nurse is an asset in their district, and that good health is one of the most important factors in building up a community.

MISS E. CLARKE,  
Convenor Public Health Committee, Alberta.

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### ANTIGONISH COUNTY MOBILE CLINIC PROVINCE OF NOVA SCOTIA

Under the auspices of the Provincial Red Cross Society and the Municipality of Antigonish, a medical and dental clinic visited the most remote sections of Antigonish County during the last month. The staff of the clinic consisted of a tuberculosis specialist, two nurses, a dentist and a fourth year dental student.

The County was divided into twelve districts, and these clinics were conducted for two days in the most central locality in each district. At an early hour in the morning, people could be seen travelling in the direction of this clinic, and the staff worked steadily long hours each day. During these stops well attended public health meetings were held; illustrated talks were given on various health topics, and health literature was freely distributed. Slides and moving pictures were used for demonstration purposes.

An attempt was made to locate all cases of tuberculosis in the County. In addition to examining all chest cases that attended the clinic, the tuberculosis specialist visited the homes of all suspected cases. This enabled him to examine all the contact cases, and six definite cases of tuberculosis were found in one family. Of the three hundred chest cases examined, sixty-nine were found to be positive cases of tuberculosis, and forty-two additional doubtful cases were referred to the special case finding campaign which is being conducted this week in the town of Antigonish. At this clinic an X-Ray specialist will be in attendance, in order that a thorough examination may be made of all doubtful cases.

A complete record of the dental work accomplished by this clinic is not yet available.

This clinic work has been made possible by the index made of existing health conditions in the County by the public health nurse. The people of Antigonish County were very much interested in the work and every preparation was made by the local people for the reception and comfort of the staff of this clinic while in each district.

A mobile clinic of this kind is one of the most fruitful means of bringing not only treatment but health education to the isolated rural districts. Arrangements are now being made to extend a similar health movement to other counties in the province during this summer.

#### OPEN AIR CAMP, HALIFAX, NOVA SCOTIA

During July and August of the year 1921, the Anti-Tuberculosis League of Halifax County (Mrs. Wm. Schon, President), conducted an open air camp for twenty-five children on the grounds of Health Centre No. 1, Halifax, N.S. Admittance for the most part was limited to children from seven to ten per cent. or more under weight, in whose homes there was known to be one or more cases of open tuberculosis. The cases were selected by Dr. T. M. Sieniewicz, tuberculosis examiner in charge of our Tuberculosis Clinics.

The expenses of this procedure were entirely borne by the Anti-Tuberculosis League. The League was able to do this work at a very small cost, viz., 33 1-3 cents per child per day. By courtesy of the military authorities, six canvases were loaned, four of them as shelter for cots, one for cooking and one for eating purposes; the military also loaned cooking outfit and kitchen utensils. The Red Cross loaned the League twenty-five folding canvas cots, each equipped with a pair of blankets.

The children were brought to the camp each morning at 8:30. They were supervised by Miss Greig, a teacher of the primary grades, who had been employed for the purpose, and by Miss Chisholm, a trained nurse. A cook prepared the food, the menus being arranged by Miss Ross, the chief nurse, or Miss Fenton, the assistant supervisor of the Health Centre.

During the middle of each morning these children were given a cup of milk and a slice of bread and butter, and then half an hour's rest on their cots under canvas in bad weather, in the open on their blankets on the ground in fair weather. At noon the camp children were taken through the vegetable garden, taught something of the use and value of the various kinds of vegetables which would be served during the meal: were given a well-cooked dinner, then one and a-half hour's rest, many of them sleeping. In the middle of the afternoon they were again given a lunch and another half-hour rest period. The intervals between meals and rest periods were filled in by their teacher, when they were entertained and given more or less systematic health instruction, utilizing for this purpose the various health plays, health fairy stories, etc.

The camp ended by having friends of the children and friends of the League invited as guests to health plays acted by the children spending their time in the camp.

It will be noted that each child slept at home, and ate breakfast and the evening meal at home. The camp was not open on Sunday. Once



a week each child was brought to the weighing room of the nutrition class, where his weight was charted, and the usual instruction given by those in charge of the nutrition class as to the kind of food that needed to be featured in the diet, and the reason for it, and the additional rest that might be required, if the child was not gaining.

It was the thought of those in charge of the camp to arouse interest along preventative lines among persons concerned with the near tuberculous and to instil into the community a desire to support a preventorium. Up to the present time, however, the preventorium has not been started, nor has it yet been decided whether the camp will be re-opened during the present year.

MARGARET MACKENZIE,

June 14th, 1922.

Convenor Public Health Committee.

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### INDUSTRIAL NURSING IN ONTARIO

In November, 1921, a number of industrial nurses asked permission of the Ontario Public Health Committee to form a sub-committee in order that they might be able to meet together to discuss problems peculiar to their special line of work. This permission was given, and since then a number of Toronto industrial nurses have been meeting once a month. This meeting has taken the form of a round table conference held during dinner at the Nurses' Club.

These meetings have been full of interest and help.

It is planned to continue the meetings in the fall, and a course of talks by different authorities on industrial matters is being outlined. A number of industrial nurses throughout the Province have expressed their desire to come to Toronto to take part in these gatherings. It is hoped that the outlined course may be valuable enough to appeal to employers in order that they may allow their nurses to join this sub-committee.

The industrial depression which has affected the whole world has been reflected in the number of nurses employed in this line of work, but we are pleased to note that not only through the darkest period of this depression many industrial nurses were retained by their management, (even though the number of employees was greatly reduced), but further with the improvement in industrial conditions, business organizations have immediately commenced to employ the services of trained nurses.

Respectfully submitted,

MURIEL MACKAY,

Convenor Public Health Committee, Ontario

## BRITISH COLUMBIA

Miss D. McGregor, who served on the staff of the S.C.R. sanitarium at Balfour, and the Provincial Institution at Tranquille, is now doing Social Service work with the S.C.R.

Miss McGregor completed a course in Public Health nursing at Toronto University last year.

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Miss Eldora Bray, of the Cowichan Electoral District Health Centre, writes us of the interesting work done by Miss E. E. Farrer, the Nurse in Charge of this centre, and herself. The district covers an area of 190 square miles, in the vicinity of Shawnigan Lake, Duncan, and Cowichan Lake, there being a population of about 6,000 residents.

The work at the Health Centre is for educational purposes, mainly—nursing service also being carried on for the community,—for which there is a charge of seventy-five cents for the first hour and fifty cents an hour extra; in many cases, free nursing being given.

The educational work is carried on through the schools, where health talks are given to the children; dental surveys made; also many pre-natal visits being made to expectant mothers.

A Well Babies' Clinic is held at Duncan, where mothers bring their babies once a month to be weighed and measured. They also receive expert advice from the doctor or nurses,—but in no cases is treatment given or prescriptions written out at these clinics. Follow-up visits are made in the homes.

Dr. A. J. Thomas, D.D.S., of Victoria, under instructions from Dr. Young, Provincial Health Officer, made a survey of the school children in the district, with the object in view of establishing dental clinics; reports of both the medical and dental surveys being made, giving the number examined, number needing attention, and the different classifications under which defects had been found, etc.

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Miss Lumsden, nurse in charge of the Social Service Department of the S.C.R., has reported a most progressive step in the advancement of Public Health and Welfare in an article entitled "Making Better Home Makers," in which she describes the splendid results and activities of a little club called the "Returned Soldiers' Wives' Club," which was organized under the direction of the Industrial Secretary of the Y.W.C.A., in January, 1922, the objects of this organization being three-fold: "Social Interchange," "To teach and encourage thrift," "To instil a desire for service."

The club meets once a week in the Y.W.C.A. Lunch Rooms, volunteer helpers showing the members how to cut out and make garments for themselves and children,—two motherless children having also been visited and clothing made for them by the club members.



The women have recently taken charge of the serving of light refreshments, and it is hoped that great interest will be developed in the planning of a daily menu that will supply the family with wholesome and palatable food at a minimum outlay. The membership of this club has advanced from about seven to an enrollment of nearly thirty.

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Mrs. Anna Stabler, Director of Nursing, B. C. Division of the Canadian Red Cross Society, has informed us of some very interesting Child Welfare work being done in the Province, through the Red Cross, in connection with the children of immigrants.

In co-operation with the Department of Immigration, the Red Cross at ports of landing does welfare work for the children of immigrants and distributes to the parents a card marked "A", which is printed in several languages, and indicates to the parents the possible agencies for child welfare work in the district in which they will make their new homes.

If the Red Cross nurse at the port discovers a child with a physical defect that should be given treatment, card "B" is filled in and forwarded to National Headquarters for distribution to the Provincial Division in which the child will reside, and where the necessary attention may be given.

From time to time these cards are received at the B.C. Branch of the Red Cross. In the City of Vancouver the Victorian Order of Nurses for Canada are co-operating with the Red Cross in calling to see any of these children when located in the Municipalities of Point Grey, South Vancouver, or parts of Burnaby.

It is hoped that this system will give to new Canadians an effective demonstration of the interests of the Red Cross in the welfare of their children.

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### THE INTERPRETERS

"Days dawn on us that make amends for many  
Sometimes  
When heaven and earth seem sweeter even than any  
Man's rhymes.  
Light had not all been quenched in or quelled  
In Greece,  
Had Homer sung not, or had Hugo held  
His Peace  
Had Sappho's self not left her word thus long  
For token  
The sea round Lesbos yet in waves of song  
Had spoken."

—Swinburne.

# Private Duty Nursing Department



**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Isabel Crosby, 97 Avenue Road,

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**Quebec Representative**—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

**Ontario**—Miss Helen Carruthers, 34 Whitney Ave., Toronto, Ont.

**Manitoba Representative**—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

**Saskatchewan**—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

## The Nurse's Life and Calling

By PROFESSOR IRVING CAMERON, M.B., LL.B.; F.R.C.S., Eng.; F.R.C.S., Edinburgh; F.R.C.S., Dublin; F.A.C.S.; Professor of Surgery, University of Toronto.

The Nurse's Life and Calling (a practical prolegomenon on its Preparation, Pursuit, Recompense and Rewards). And a substitute, if required or desirable, might very well be a parody on a famous book, of wide vogue in the U.S., Dr. W. B. Cathell's "The Physician Himself and what he should add to the Purely Scientific", but altered to "The (Private Duty) Nurse Herself and what she should add to the Purely Practical."

And now, with such a title and subtitle to begin with, if the goodwill, ingenuity and intelligence of the auditor or gentle-reader cannot be invoked to extract and supply much more than is here set down, this paper will prove an anti-climax indeed. Between me and such a calamity, however, stand the speakers who will discuss the theme, and from their agitation of the subject will arise some froth, of course, but also much iridescence of wit, *\*me victima*, of sense, sentiment and wisdom, to which I can lay no claim.

Who, then, is this Private Duty Nurse Herself? She is one, me teste (I being witness), of a noble band of devoted women who have set before themselves the solution of the intricate problem of the care and cure of sick and suffering mortality in private hospital and home; and she enters with equal alacrity and zeal upon her divine medical mission tabernas pauperum turresque regum, (the cotter's hut and the

\* and I the victim.



King's palace), with intent to refuse admission, or to expel, "that grim Sergeant Death," qui aequo pede pulsatur (who treads with impartial foot), and, in her absence, often "is so strict in his arrest."

And their name is legion. Ten thousand of them stand to arms in this Dominion, night and day, ever ready for the fray—ten times the number of all nursing sisters in the various other branches of their calling, and ever ready to be sent whither "from sea to sea," and from "The River" to the ends of the earth. And what a life is this these adventurous maidens ("Ye Sun-born Virgins! on the road of truth"—Matthew Arnold's Empedocles on Aetna) are setting out to lead? A life to appall the stoutest heart, to deter the most courageous and adventurous, could the end be seen from the beginning, as it, happily, can not. A life of labour, a life of self-sacrifice, of self-denial, self-forgetfulness and immolation. A life which sorrow has for "friend;" a life spent in the midst of suffering, grief and pain; a life of vigils, weariness of body and of mind, of racked heart strings and perplexed purposes, familiar with the pangs of birth and the agonies of death.

What is the proper preparation for such a life? Juvenal has told us when he said *Orandum est ut sit mens Sana in corpore Sano*. (Its devotee must pray for a sound mind in a sound body). Without this combination the individual is foredoomed to ultimate failure, to a harassed and distressful career, to premature abandonment, or early shipwreck. A sound body is a prerequisite, because the life is a toilsome one and full of unexpected stress and strain, labour prolonged, rest curtailed, recreation inadequate. A sound mind and a philosophic temperament are indispensable, because the nervous system is subjected to great and exhausting trials, and the nurse will be obliged most frequently to supply and to communicate these characters for her patient as well as for herself. Therefore, she must study and learn the psychology of both, and husband and cultivate the physiological powers of each. To this end she must have a sufficient preliminary education. The precise degree and the character of this education will depend to some extent upon her field of labour and the extent and eminence of her aspirations and ambitions. For the highest walks of her calling, the teaching of others in the varied branches of nursing, an Arts or even a Science degree would not be amiss, whereas for the ordinary duties of a practical nurse this would be "a wasteful and ridiculous excess" of energy, time and money.

For the ordinary duties of a Private Duty nurse, the Junior Matriculation standing, recently existing, requiring two or three years of high school training, or the Senior Matriculation requiring four years in a High School course, ought to suffice, if diligence be used in subsequent private study and self education. If more ambitious, the years between eighteen and twenty-one might be profitably devoted to Science and other preparatory training, combined with a business course including stenography and typewriting, followed by two years in the wards. If it

be proposed to take up some special line of nursing, then another year should be devoted thereto, and at the age of twenty-five the nurse should be qualified to take up any line of practice, from both the physical and the mental point of view.

If it be thought desirable that a nurse assistant should be created—an opinion strongly opposed by many best qualified to judge,—it would be almost impossible in time to prevent such imperfectly trained individuals being foisted upon the indiscriminating public, either by their own wiles or through exploitation by designing individuals or companies, as fully qualified nurses to the great danger, disadvantage and risk of their employers, the public, and the detriment and discredit of the nursing profession. The establishment of such a class could be justified only by the needs of an impoverished community or by the failure of a supply of proper nurses, and it would have to be hedged about by the strictest regulations and supervisions. To obviate this the trained nurses in Toronto have voluntarily organized a system of hourly nursing which should meet the public need and demand.

The British Ambassador to the U.S. (Sir Auckland Geddes, himself a medical man), speaking to the graduating class in Miss Dickson's Weston Hospital the other day, laid another burden on the hospital and the Private Duty nurses' shoulders by urging upon them the necessity of becoming proficient in his own line—diplomacy. He laid considerable stress upon the duty of the nurse to cultivate a sympathetic attitude of mind not only to the patients, but also towards the patients' relatives and environments, and to avoid "an institutional manner" and outlook, remembering that patients are fellow human beings with the like affections and sensibilities as ourselves, only much exaggerated temporarily, and at times, unconsciously, supremely unreasoning and unreasonable; and their relatives under the influence of anxiety and distress in the same predicament.

There is a growing feeling among physicians that too much unprofitable instruction in so-called scientific subjects is now-a-days included in the nurse's curriculum, and that this matter should be fully discussed and a ripened and revised judgment presented to those responsible for the teaching. The course might be considerably shortened and the labor lightened by substituting a measure of common sense and practicality, keeping the end in view, for routine and theoretical considerations, and "doctrines of science falsely so called." Equally important during this period of preparation is the training of the body, as well as the mind, by gymnastic and other exercises in the open air, and the provision of recreation and the means of mental development on general lines.

The pursuit of the nurse's calling must be conducted on rational lines, as in all other activities, to secure the best results. A nurse is not a mere machine, adapted to a single end, and capable of being used and abused continuously, so long as oiled and fed. Her philanthropic faculty



will be dulled and blunted by uninterrupted use, and her physical energy exhausted if continuously expended. A wise old adage says: "*Cito rumpes arcum semper si tensum habueris*"—You will soon break the bow if you keep it always bent—and even if not broken, if its elasticity be impaired, it will shoot but a feeble shaft. The nurse must, therefore, have *without fail* her reasonable periods of relaxation so that she be not permanently broken down by the energy expended on a single case.

In most callings at the present time, eight hours is considered a working day; but in the hardest of all employment wherein the wear and tear of mind and body from vigil and anxiety is constant and extreme, twelve hours per diem obtains in Toronto, and elsewhere oftentimes twenty-four, and in many places fifteen hours night duty. Who is so sanguine as to expect the best results under such conditions? If the nurses are true to themselves *and hold together*, it will be only a short time before reasonable hours of labour are established for them also. *Concordia res parvae crescunt, discordia maximae civitates dilabuntur. Verbum sap. sat.* A word to the wise is sufficient. The way the hospital authorities have held out against the three shifts in the twenty-four-hour day is simply disgraceful and indefensible, except as a means of weighing human flesh and spirit in the balance with coin of the realm. As it is, the length of the hours of labor and the slavery of the conditions are beginning already to make the profession undesirable and unattractive to young women who realize that the life of the school-teacher and the various grades of clerks in offices and shops is more remunerative pecuniarily and much more free and independent, with assured opportunities of recreation, rest, and self-improvement. These have not, however, the same opportunities of philanthropic service and access to the hearts of men in the impressionable moments of trouble, distress and pain. It is held by some that these circumstances increase a woman's prospects of matrimony. What the fact may be, this deponent saith not. But the graver fact remains that many of the best nurses do not marry, but who, when wearing out in work, give the vocation up and drift into shops and offices, housekeeping, companionships and the like, where their chances would have been better in the beginning. And with the women of this fine type and training, matrimony is not the main consideration; and few men are worthy of them, especially when they have come to years of discretion. A just and fair comparison may be instituted between the calling of the teacher and that of the nurse, for, as a rule, they occupy similar stations in society, and have come through a common preliminary training, both of education and up-bringing. Let us see, then, how these nearest parallels compare:

The woman teacher begins by earning (in Toronto) a minimum wage of \$1,000, increasing by yearly bounds of \$50 to a maximum of \$2,000 (males, \$1,600 to \$2,800) in forty years. Her employment or occupation lasts longer in life, up to sixty years of age, and she has a pension, one half of which is contributed by her employers. She contrib-

utes to her pension  $2\frac{1}{2}\%$ , deducted annually and automatically from her salary, and, when she retires, one-sixtieth of the average of the last ten years of service, multiplied by the number of years of service, up to a maximum of \$1,000, is awarded her. Her hours are shorter; 7 hours per diem for five days a week, including an hour's rest at noon. She has rest at regular and proper intervals (including all her nights); two holidays a week, with two or more months in summer, two weeks at Christmas, ten days at Easter, and the public holidays interspersed—100 days in week ends alone. She has less worry and anxiety (though these are not light), and these of a less trying and exacting character. And her income is assured and increases regularly and definitely; whereas the nurse's income is variable and precarious, and never increases, beginning and remaining at a minimum, which, however, may be increased in the gross at times by concerted action, seldom taken.

The nurse has no time for recreation, amusement, personal improvement and mental development, except in her off periods, when, as a matter of fact, her sewing, mending, etc., will occupy most of her time. Even her correspondence and social amenities have to be systematically neglected, and her friendships and acquaintances sacrificed through seeming indifference and unavoidable neglect. Her hours of work are 7-8 a.m. to 7-8 p.m., Sundays included. The nurse earns \$5.00 per diem for, say, 240 days, or an annual maximum (if paid) of \$1,200. This is all she can physically accomplish; and very often, of course, her employment falls far below this. She has often long periods of idleness, especially in summer, but these cannot be made lucrative in any way pecuniarily, but are spent on tenter-hooks, tied to the spot, awaiting "calls" in worry and anxiety, and at a loss of a possible \$35 a week, not to be made up. The only time of rest and recreation on which she can certainly count is the time set apart for holidays in the dog days.

What are the relative expenses of these two classes?

Here, again, although similar, the pedagogue has the advantage. The nurse's laundry expenses are very heavy, averaging, possibly, \$2.50 a week, sometimes considerably more. The teacher has time and opportunity for washing and ironing many, if not most, of her things—slips, flannels, fine materials, etc., and possibly 60 or 70 cents would defray her weekly bill. The nurse has to have duplicate sets of clothes, professional and social, an added primary cost of outfitting and also of current expense. Board and lodging are, practically, the same. Nobody boasts much of the advantages and attractions of the teaching profession. What, then, shall be said of the nursing in that regard? The less the better and the truer!

What is, then, the recompense of the laborers of this profession, and why do women take it up? The wizard, Walter Scott (not Michael), supplies the answer: "Oh, woman in our hours of ease, uncertain, coy and hard to please; when pain and anguish wring the brow, a ministering



angel thou!" It is a woman's natural vocation; it is her *metier* (Latin, ministerium) in the highest, and from the beginning. A man cannot do it, even exceptionally. Instinct, time, experience (short or long) attest it to the full. But in these days of dreamed of equality of the sexes, in which women have asserted themselves, there must be something more than the mere Godgiven direction of instinct to induce women to stay in it. They must have the same rewards as men, and, if people desire to retain their services, they (people) must provide the same attractions and pay for them on the same scale. Nulla via, antem, est alia! (Moreover, there is no other way). Again a word to the other wise is sufficient. Let the people take heed! There is more than one way of reading the (Scriptural) motto of the Provincial Board of Health of Ontario, "Ne pereat Populus Scientia absente"—Let not the people perish for lack of knowledge! Let us take a leaf from the Apocrypha, and let us substitute "Nurse" for "Physician," and we shall wisely read "Honor the nurse with the honor due unto her for the uses ye may have of her, for she is the handmaiden of the Lord."

Five dollars a day is her pecuniary recompense in Toronto; and people hold up their hands in horror at its magnitude! Let them calculate the cost of what she has to buy with it, and see how far it goes! Let them regard the arduous and exhausting character of her work—which all know from their own personal failure in attempting it,—and let them *realize* that it *cannot* be kept up continuously with success or satisfaction, and that the times of necessary, unremunerative and unremunerated relaxation mount up to one-third, at least, of the days of the year, as bitter experience has demonstrated; and the uncertainty of the demand of employment, not infrequently, greatly augments it.

Such being the case, what is the ultimate outlook for the nurse? If she cannot save anything from her emoluments, how is "the rainy day" of sickness, accident or misfortune to be provided for, the inactivity and the unearning period of age to be sustained? The programme provides suggestions for insurance and old-age pensions. Give them studious attention and careful heed! "Listen and perpend." But do not fail to make it apparent that it is the duty of the public and of philanthropic private individuals, who now reap the benefit of the nurse's inadequate remuneration, to consider seriously their responsibility to play their part in making provision against that evil day.

Finally, what are the rewards which attend the most earnest, the most energetic, the most diligent, the most faithful performance and discharge of the duties of this laborious vocation? Frankly, the opinion of one who has practised medicine for more than eight and forty years, and so has witnessed the rise and progress of the trained nurse's calling, is "The sense of duty nobly done to the glory of God and the service of your fellow man—the complete fulfilment of 'the law,' and, combined with a humble walk through life, all that the Lord requires of man."

This is profitable here and hereafter, and is followed by the commendation, more particularly appropriate to the nurse than to any other, "Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto me. Enter ye into the joy of your Lord."

*Read at the C.N.A.T.N. Convention, Edmonton, 1922.*



### CARE OF RUBBER WATER BOTTLES

Experts in the manufacture and sale of rubber hot water bottles say that deterioration is much more often the result of improper care than in the defectiveness of the bag. Cheap hot water bags retailed as seconds frequently last for many years, while a high priced article may become dilapidated before a year has gone.

Probationers should among their earliest lessons be instructed in the care of hot water bottles. Deterioration may result from keeping the bag in too warm a place, in letting greasy substances stick to the rubber, in filling it with water which is too hot or in filling it too full. If there are defects in the rubber they will reveal themselves in a short time and reliable firms will replace the bottle.

The practice of placing a yearly guarantee on water bottles and rubber goods is manifestly unfair, according to dealers, and is being discontinued. The guarantee takes no account of the abuse to which the bottle may have been subjected. The fairest guarantee would be a broad agreement to replace the article if, upon return, it is found defective in either workmanship or material, whether the time is one, five or ten years.—*Modern Hospital*.

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### FORTITUDE

Be Strong!

We are not here to play, to dream, to drift;  
We have hard work to do, and loads to lift.  
Shun not the struggle, face it—'tis God's gift.

Be Strong!

Say not the days are evil—who's to blame?  
And fold thy hands and acquiesce—Oh, shame!  
Stand up, speak out, and bravely, in God's name!

Be Strong!

It matters not how deep intrenched the wrong,  
How hard the battle goes, the day how long;  
Faint not, fight on! To-morrow comes the song.

—*Canadian Nurse*.



# Hospitals and Nurses



## PRINCE EDWARD ISLAND

### CHARLOTTETOWN.

The following are the special clauses relating to the eligibility, etc., of nurses who wish to register under the "Act Respecting the Profession of Nursing" in Prince Edward Island. Those allowed to append to their names the letters R.N. are "The Incorporators and every person who (a) resides and practices, or proposes to practice, the profession of nursing in the province; and (b) is a graduate of an approved training school; and (c) is of good moral character; and (d) is at least 21 years of age; and (e) has passed an examination before the examiners as provided by this Act.

(11.) Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this province, and whose qualifications are approved by the Board of Examiners, shall be registered without examination on presenting registration certificate of province or country to Registrar; (b) Persons practising the profession of nursing in this province at the time of the passing of this Act, who have graduated from an approved Training School in any other province or country, must continue to so practice for one year after the passing of this Act, and all such persons coming into the province after the passing of this Act must so practice for one year before application for registration will be granted.

(12.) The Board of Examiners shall waive the examination of any person possessing qualifications approved by the Board of Examiners who has graduated from an approved training school in this province before the passing of this Act, or who may graduate from an approved training school in this province within three years from the passing of this Act.

(13.) The expression "approved training school," for the purposes of this Act, shall mean a school for the training of nurses attached to or operated in connection with a hospital giving a general training in nursing extending for at least three years; such training school to be attached to or operated in connection with a hospital having at least 50 beds. The training schools in connection with each of the following hospitals shall be such "approved training schools," namely, the Charlottetown Hospital, the Prince Edward Island Hospital, and the Prince County Hospital.

(15.) The Board of Examiners, for the purpose of this Act, shall consist of one member of the Medical staff and the superintendent of the Training School from each of the following hospitals, namely, the Charlottetown Hospital, the Prince Edward Island Hospital, and the Prince County Hospital, such Board of Examiners to be appointed by the Board of Directors of said hospitals.

\* \* \* \*

## ONTARIO.

### OTTAWA

The Alumnae of the Ottawa General Hospital wish to extend their sincere sympathy to Mrs. J. and Miss B. Coupal in the death of their father, also to Miss Anna Stackpole in the death of her father.

Rev. Sister Flavie Domotille has been appointed Superintendent of O.G.H. Sister St. Constance has been appointed one of the Anæsthetizers of the same hospital.

Miss Laurette Battle has accepted a position on the staff of St. Mary's Hospital, Detroit, Mich.

Miss Morna Nagle is Night Supervisor of Sloane Hospital, New York City. Miss Alice Sheedy and E. McKinney have returned to Ottawa after two years' service at Lynhurst Hospital, Toronto, Ont.

## KINGSTON.

The first autumn meeting of the K.G.H.A.A. was held at the Nurses' Residence, Sept. 12th. Plans were made for the winter's work and the usual routine business transacted. An excellent report was read by Miss Fairlie from the C.N.A.T.N. Convention held in Edmonton, which was sent in by Miss J. MacCallum, who had been the official delegate from the Association.

## HAMILTON GENERAL HOSPITAL

Miss Vivian Fenby, who had been a patient at the Mountain Sanitarium for about three years, died early last spring.

Miss Florence Torrey has resigned from the Public Health Department.

Miss Flock has accepted a position in charge of the V. D. Clinic in the Public Health Department.

The Misses McNally, Hobden and Jean Soutar, who have completed the course at McGill University, have accepted positions—Miss McNally going to Medicine Hat, and Misses Soutar and Hobden to Mount Hamilton Hospital.

\* \* \* \*

## SASKATCHEWAN

The date of Tuesday, October 10th, has been set for the one-day fall meeting of the Saskatchewan Registered Nurses' Association. The meeting will be held in the lecture room of the Public Library, Moose Jaw. The meetings of the Saskatchewan Hospital Association are to be held on the two following days, so it is hoped that there will be a large attendance of nurses from all parts of the Province for both meetings.

## MAPLE CREEK

Miss E. E. Coxon (M.C.G.H.) has returned from Winnipeg to her home in Maple Creek, and has accepted a position on the staff of the Maple Creek General Hospital.

Miss Eva Brooke (R.G.H.) has spent the summer at Maple Creek after a two years' stay in California.

Miss Ruth Dixon (V.G.H.) has returned from Vancouver, and has spent the summer at her home in Maple Creek.

## REGINA.

Miss Isobel McKinnon (R.G.H., '19), who recently received the appointment as Superintendent of Nurses, Regina General Hospital, is expected in Regina to take over her new work early in October. Miss McKinnon's many friends are glad to see her returning to occupy such an important position in her Alma Mater, and wish her every success in her undertaking.

Misses Jean Norquay ('19), Jessie M. Jackson ('21), and Miss Weston, all graduates of the Regina General Hospital, have recently received appointments to the staff of the Hugh Waddell Memorial Hospital, Canora.

Miss Elizabeth Fleming (R.G.H., '17), has recently been appointed Matron of the Lampman Union Hospital.

## ANNUAL CONVENTION

The journal correspondent regrets that an earlier report of the Fifth Annual Convention of the S.R.N.A., which was held in Prince Albert, June 15th and 16th, has not been possible, and forwards a brief report, which may still be of interest to the members who were unable to be present.

It will be unnecessary to give details of the programme, as copies were sent in advance to all members. Special mention must, however, be made of the good fortune of the Association that Miss E. MacPherson Dickson, Past President of the C.N.A.T.N. was able to attend our meeting on her way to Edmonton, and her most interesting presentation of "The Private Duty Nurse and Some of Her Problems" was much appreciated. Most valuable addresses were delivered by Dr. H. E. Munro, O.B.E., F.A.C.S., of Saskatoon, on "Radium in the Treatment of Disease," and by Dr. D. P. Miller, of Prince



Albert, on "Errors in Diet, in the Light of Recent Research Work". The members present were privileged to have the most recent scientific information on these two subjects presented in a most scholarly form.

Lantern slides, illustrating the History of Nursing, loaned for the occasion by Dr. Maude E. Abbott, of McGill University, and shown by Miss Ruby Simpson, were much appreciated. The well arranged material, as well as the very interesting slides, were thoroughly enjoyed by a group of student nurses from the Hospitals and Collegiate students, as well as by the members of the Association.

Splendid papers were presented by Miss Kilden and Miss Durie, who have been engaged in District and Out-Post work under the Red Cross, and by Miss Davidson, V.O.N. District Nurse of Saskatoon. These reports very clearly indicated the part being filled by the nurse in the general movement for the provision of more adequate medical and nursing service for the people of all parts of the Province.

A one-day fall meeting was decided upon to receive the reports of the two Delegates to the C.N.A.T.N. Convention, this to be held in Moose Jaw at the time of the Hospital Association meetings, and the invitation of the Saskatoon Nurses to hold the Annual Convention there next year was gratefully accepted.

The officers, and convenors of committees were elected as follows:—President, Miss Ruby M. Simpson, Regina; First Vice-President, Miss M. Montgomery, Fort Qu'Appelle; Second Vice-President, Sister Veronica, Sister Superior Holy Family Hospital, Prince Albert; Councillors, Miss E. Renton, Lady Superintendent Moose Jaw General Hospital, and Miss R. Hicks, Lady Superintendent, General Hospital, Weyburn. Convenor of Nursing Education Committee, Miss E. M. Turner, Saskatoon; Public Health Committee, Miss C. M. Kier, Moose Jaw; Private Duty Committee, Miss H. Cameron, Saskatoon; National Memorial Committee, Miss Jean Urquhart, Regina; Representative on the Social Service Council, Miss Nora Armstrong, Regina.

Too much could not be said by the nurses in attendance of the cordial welcome extended by the Prince Albert nurses, and by the citizens of Prince Albert. Most delightful entertainments were provided by the Ladies' Aids of the two hospitals,—the Holy Family Hospital and the Victoria Hospital, while the Eclectic Club and the Board of Trade also contributed very largely to the entertainment of the visiting nurses. To those who had not before visited Prince Albert, it was a revelation that this beautiful wooded district should exist in our Prairie Province. The Convention was voted a great success, the only regret being that more members had not been able to participate in the business as well as in the social events of the meeting.

#### SASKATOON.

The Saskatoon G. N. A. held the first autumn meeting at the Nurses' Home, City Hospital, with the President, Mrs. Alden Johns, in the Chair. Discussion of the plans for the registered nurses of Saskatoon was introduced by Misses E. M. Turner, R.N., and Helen Cameron, R.N., in their respective reports of the C.N.A.T.N. and provincial annual meetings to which they were delegates. The student nurses from the City Hospital were the guests of the association at this meeting. It was decided to send a delegate to the autumn meeting of the S.R.N.A. to be held in Moose Jaw on October 10th and following days.

Miss Macy, R.N., after attending the summer course at Columbia University, is expected to resume her duties as Instructress at the City Hospital.

\* \* \* \*

#### BRITISH COLUMBIA.

A very successful Convention was held at New Westminster by the B.C. Hospital Association, August 29th, 30th and 31st. Delegates from many of the hospitals were present, and among those were several nurses who helped to make the nursing section particularly interesting.

Miss J. Johnston, graduate of Victoria Hospital, London, Ont., who took the course last year at the University of British Columbia, has been appointed Assistant in the Social Service Department, Vancouver General Hospital.

The autumn general meeting of the G.N.A. of B.C. was held September 16th in Vancouver. The Public Health Nursing Committee held a special meeting in the afternoon, when an excellent time was spent.

The evening's meeting was well attended, and reports from the delegates to the C.N.A.T.N. Convention were listened to with great interest.

Miss Ethel I. Johns, R.N., gave a report of the formation and first meeting of the Nursing Education Committee, of which she is the convenor.

A most interesting report was given by Miss Mary Campbell, R.N., on her impressions of the course in Public Health at the University of Toronto, she being the winner of the Scholarship of \$1000, given by the Graduate Nurses' Association of British Columbia.

Miss Johns gave a splendid resume of the report of the Rockefeller Commission on Nursing Education.

The members of the Association were the guests of the local V.G.N.A. at the conclusion of the meeting, when refreshments were served.

The autumn examinations will be held November 1st, 2nd and 3rd, when nurses will write for their R.N. certificates.

The additions to King's Daughters' Hospital, Duncan, which includes the residence for the nurses, will be opened October 11th.

Miss Fraser, graduate of the Royal Alexandra Hospital, Edmonton, and who has taken a course at Columbia University, New York, has been appointed Instructress at the Vancouver General Hospital.

Miss Teulon, Victoria Hospital, Winnipeg, has been appointed Night Supervisor at the Royal Columbian Hospital, New Westminster.

Miss Cosae Haskins, President of the V.G.N.A., leaves for Seattle to take a course in Public Health nursing at the University of Washington.

Miss Florence J. Potts of Ottawa, and formerly of Toronto, has been appointed by the trustees of the Mystic Shriners' great hospital scheme as supervisor of nurses. The hospitals will treat only cases of crippled children, and will be situated in all parts of the North American continent. The duties of Miss Potts will consist of travelling from hospital to hospital to supervise the work of the nurses. Seven of the hospitals have already been instituted, one of them being in Montreal. Miss Potts was for many years superintendent of the training school for nurses at the Hospital for Sick Children in Toronto, and is well known throughout the West. She has visited Vancouver several times, and has attended nursing and medical conventions in this city. Many of the nurses who trained under her in Toronto are now married and resident in British Columbia and will be interested to hear of her appointment to what is considered one of the most responsible positions of its kind in North America.—"Vancouver Daily Province."

The September meeting was held September 6th at the Corner Club; Miss Haskins, President, in the chair. Mrs. M. E. Johnson, delegate from the V.G.N.A. to the C.N.A.T.N. Convention in Edmonton, gave a splendid report, which was listened to with great interest. Brief reports were given by several of the Vancouver nurses who attended the A.N.A. meetings in Seattle. The Association endorsed the request from the U.B.C. student body re the completion of the University. The usual "cup o' tea" was served by the social committee at the close of the meeting.

### VICTORIA

The Victoria G.N.A. resumed their monthly meetings in September at the Victoria Club. The members stood for a moment in silence, to pay tribute to the memory of the late Miss E. H. Jones, who was a valued member of the association for many years, and who passed away August 8th, 1922. After the routine of business, plans were discussed as to means of raising money for the Nursing Sisters' Memorial. It was decided to give a ball within the next two months for that purpose. The meeting then adjourned.



(Victoria—continued.)

The pupil nurses of the Royal Jubilee Hospital have shown great energy and interest in raising the sum of \$137.00 for the Nurses' Memorial Fund. This sum was raised entirely by their efforts and in twenty-one days. The President of the Self Governing Body of the Training School gives this report: "We served tea, ran a beauty parlor, polished shoes, darned stockings, ironed clothes, sold gollywogs, raffled a baby packet, and ended with a family dance. Great credit is due these nurses, who will have the satisfaction of feeling that their own efforts have helped raise this memorial in Ottawa.



## BIRTHS

**Belanger**—On Aug. 2nd, 1922, in Ottawa, Ont., to Dr. and Mrs. Belanger (Ida Duford, Ottawa General Hospital), a daughter.

**Graham**—At Bowesville, to Mr. and Mrs. E. Graham (Ada Redmond, Ottawa General Hospital), a son.

**Griffith**—At Toronto, Ont., on June 22nd, 1922, to Mr. and Mrs. Eric Griffiths (Jean Campbell, Toronto General Hospital, 1920), a daughter.

**Johnston**—At Outlook, Sask., on Aug. 29th, 1922, to Mr. and Mrs. Johnston (Verna Shales, St. Paul's Hospital, Saskatoon, 1920), a daughter.

**Macintosh**—At Saskatoon, Sask., on July 26th, 1922, to Mr. and Mrs. W. C. Macintosh (Nursing Sister Hilda Macdonald, Royal Victoria Hospital, 1915), a son (John Fullerton).

**Mick**—To Mr. and Mrs. Abner C. Mick (Billian Wright, Kingston General Hospital, 1916), of Detroit, Mich., a daughter.

**Murray**—At Saskatoon City Hospital on Sept. 10th, 1922, to Mr. and Mrs. T. J. Murray (Minnie Miscampbell, City Hospital, 1918), a daughter.

**Smith**—At Oakville, Ont., to Mr. and Mrs. Roy F. Smith (Meta Klein, Kingston General Hospital, 1916), a daughter.

## MARRIAGES

**Bingleman-Trott**—In the Centenary Church, Hamilton, Ont., on August 26th, 1922, Rosamond Trott (Hamilton General Hospital) to Grant Bingleman.

**Collings-Chapman**—In Kingston, Ont., on Sept. 2nd, 1922, Ellen Maude Chapman (Kingston General Hospital, 1920), to Mr. Royden H. Collings, Charlottetown, P.E.I.

**Crook-Christiani**—At St. Laurence's Church, Maple Creek, on July 31st, 1922, Mary T. Christiani (M. C. G. H.) to Mr. Herbert S. Crook, of Windthorst, Sask.

**Hilliker-Keyes**—At Galt, Ont. at the residence of her parents, on Aug. 9th, 1922, Kathleen Marie (T. G. H., 1921), daughter of Mr. and Mrs. J. E. Keyes, to Dr. Arthur E. Hilliker, of Toronto, Ont.

**Honeyman-Rose**—At St. James Church, Vancouver, B.C., by Rev. Wilberforce Cooper, September 14th, 1922, Helen Elizabeth, youngest daughter of Mrs. William M. Rose (Vancouver General Hospital) to Mr. Pharis Donald Innis Honeyman. Mr. and Mrs. Honeyman will reside in Globe, Arizona.

**Johnston-Bullerwell**—At Saskatoon, Sask., on Sept. 6th, 1922, Mattie Lulu Bullerwell (Malden City Hospital, Malden, Mass., 1912), to Mr. Roy Hartford Johnston, of Jansen, Sask.

**Mack-Hiscock**—In Kingston, Ont., on Aug. 30th, 1922, Florence Lucelle Hiscock (Kingston General Hospital, 1911), to Mr. Thomas Reginald Mack, Detroit, Mich.

**McCallum-Howell**—At Saskatoon, Sask., on Aug. 13th, 1922, Winnie Howell (Saskatoon City Hospital, 1919), to Mr. Hugh Fraser McCallum.

**Merriman-Henson**—At the Church of the Ascension, Hamilton, Ont., on Saturday, July 15th, 1922, Bertha Ann Merriman (R.V.H., 1909), to Harold Gordon Henson.

**Paddon-Laird**—At St. Andrew's Church, Vancouver, B.C., by Rev. Dr. J. S. Henderson, A. Bessie, only daughter of Capt. and Mrs. Laird (Vancouver General Hospital), to William H. Paddon. They will reside at 4686 Fifth Avenue, W. Point Grey.

**Waddell-Chalmers**—At Grand Coulee, Sask., on August 15th, 1922, at the home of her brother, Mr. F. A. Chalmers, Annie Ethel Chalmers, (R. G. H., '20), to Dr. J. T. Waddell. At home, Suite 7, Duncan Apartments, Regina, after October 1st.

## DEATHS

**Jones**—At her residence, 731 Vancouver St., Victoria, B.C., after an illness of eight months, on August 8th, 1922, Elizabeth Harriet Jones. She was the daughter of the late Mr. and Mrs. Henry Jones of Manchester, England. She Graduated at St. Mary's Hospital, Manchester, winning the silver medal for proficiency. From the earliest days her nursing showed the sterling characteristics and high devotion to duty which are associated with her memory by all who knew her. She has been a resident of Victoria for 29 years and was a charter member of the G.N.A. of Victoria, and conducted a private hospital for some years. During the War she held the few members of the association together when overseas service scattered the members which won the admiration of all who appreciate the value of the organization to the nursing profession.

**Lister**—Suddenly, by drowning accident at Revelstoke, B.C., Sept. 2nd, 1922, Anna Duncan Lister, R.N., graduate of Vernon Jubilee Hospital, Vernon, B.C. Superintendent of Nurses at the Queen Victoria Hospital, Revelstoke, B.C.; daughter of Rev. David Lister, of Naniamo, B.C.

**Phair**—In Brantford, Ont., on August 18th, 1922, Charlotte (Lottie) Phair, (Toronto General Hospital, 1891).

**Sheppard**—In Brampton, Ont., on August 21st, 1922, Margaret Hazel (T. G. H., 1914), eldest daughter of the late Thomas G. and Mrs. E. M. Sheppard.



The more wealth a nation disposes of, the more is education needed to prevent that wealth from being unused or misused. The more political liberty it enjoys the more is education needed to preserve that liberty and to apply it to good purpose.

—Principal L. P. Jacks.





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## WANTS

### EXECUTIVE SECRETARY

Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

### WANTED

An Operating Room Supervisor. State education before graduating; school graduated from, experience since graduating, age, and salary expected.

Apply to Elizabeth Flaws, Wellesley Hospital, Toronto.



Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department \$80. per month and maintenance.

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Habit is a cable;  
We spin a thread of it every day  
Till at last we cannot break it.

It is an Art to give, even to our nearest friends, but what a test of manners it is to receive.

—R. L. Stevenson.



### THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA HALIFAX.

President, Mrs. H. R. McLaren; Vice-Presidents, Miss K. O. McLetchey, R.R.C.; M. P. M. Watson, Yarmouth; Sister Ignatius, Glace Bay; Secretary, Miss Gertrude Crosby; Treasurer, Miss M. Keating; Corresponding Secretary, Miss Goddard.

### THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President—Miss Murdoch, G.P.H., St. John; 1st Vice-President, Miss L. Belding, St. John; 2nd Vice-President, Miss Elizabeth Sanson, Fredericton; 3rd Vice-President, Miss MacMasters, Moncton; 4th Vice-President, Miss E. Keys, Newcastle; 5th Vice-President, Miss A. Branscombe, St. Stephen; Treasurer, Miss E. J. Mitchell, G.P.H., St. John, N.B.; Recording Secretary, Mrs. L. R. Dunlop, St. John; Corresponding Secretary, Miss Martha Fraser, 26 Meadow Street, St. John; Provincial Registrar, Miss A. Whyte, Doaktown, N.B.; Public Health Correspondent, Miss Sarah Brophy, Fairville, N.B.; Miss Martha Hoyt, St. John; Canadian Nurse Correspondent, Miss Eva Craig, G.P.H., St. John. Regular Monthly Meeting of Executive, 2nd Monday, 8 p.m.

### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

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Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

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### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

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Operating Room .....	2 months
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Diet Kitchen .....	2 months
Contagious .....	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin .....	6 months

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Parental, Delivery and Postpartum experience.....	2 months
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Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

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**THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL**

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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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Regular Meeting, First Tuesday, 8 p.m.

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Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

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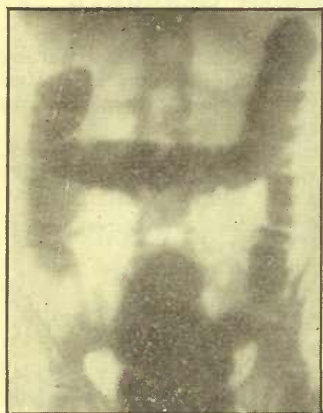
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Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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Regular meeting on the first Tuesday of each month at 3.30 p.m. in the Nurses' Residence.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Meeting—First Monday, 3 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p.m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Representatives to Central Registry, Miss A. Davidson, 322 Brunswick Avenue, Toronto; Miss I. Vincent, 96 Simpson Avenue, Toronto.

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# THE CANADIAN NURSE

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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No. 11

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## National Memorial Committee of the C. N. A. T. N.

The regular monthly meeting was held in the Nurses' Residence of the Toronto General Hospital on Tuesday, October 10.

Present: Miss Gunn, presiding; Miss Mathieson, Miss Dickson, Miss Hartley and Miss Russell.

The minutes of the last meeting were read and approved.

The following provincial reports were read:

*British Columbia:* The report gave plans for a very active campaign in October to complete their objective, including publicity in the newspapers.

*Alberta:* A report of the August work sent for the September meeting of the National Committee was mislaid, and only came to light after

that meeting was reported. The Alberta nurses promised to start the autumn campaign immediately.

*Saskatchewan*: This report includes a copy of the letter sent to all members of the Saskatchewan Registered Nurses' Association in September; the letters includes the resolution passed by the S.R.N.A., endorsing the action of the National Association in planning for the nurses' memorial. The report also announced a bazaar to be held by the Regina nurses on November 11th.

*Ontario*: A copy of the August report, which had failed to reach the Secretary, came with the September report. The latter included a report of the joint meeting of the Ontario and the National Memorial Committees on September 20th. (See report of the meeting in this issue of *The Canadian Nurse*.)

The Ontario Committee states that these plans have been put into effect. Miss Helen G. R. Locke has been added to the Ontario Committee and is now Secretary, Miss Holland remaining as Treasurer.

*Quebec*: The whole objective has been raised.

*Nova Scotia*: Report for August and September. Money is now being collected, and plans have been made for a lecture in Halifax by Dr. Mackinnon, Principal of Pine Hill College (and an overseas chaplain). Besides raising funds, this will give publicity to the campaign.

*Prince Edward Island*: Report showed satisfactory progress from the efforts of a very small group of nurses. (It is interesting to note that, comparatively speaking, the P. E. I. results are more satisfactory than those of several larger Provinces).

*Treasury*: The report shows a balance in the bank of \$15,107.31. In addition, all Provincial reports indicate an intention to forward funds immediately.

A discussion re the manner of collecting funds brought the following resolution, moved by Miss Dickson, seconded by Miss Hartley:

"It is resolved to ask each Provincial Committee to refrain from making any special appeal to the public or to any associations other than nurses' associations, until such time as a general appeal be made by the nurses of all the Provinces. It is still hoped that no such appeal will be necessary. When any Province has collected all the money that it can get from the nurses themselves, or through their efforts, that Province will not be asked to do more until a report is compiled showing the results for the whole country."

The resolution was passed unanimously.

Consideration was given to a brief report from the Business Committee.

The meeting adjourned.

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A special meeting of the National Committee with the Ontario Committee was held on September 20th.

Present: Miss Gunn, presiding; Miss Dickson, Miss Hartley, Miss Cook, Miss Holland, and Miss Russell.

Extracts were read from the minutes of the last meeting of the National Committee, giving reasons for calling this special meeting. The reports from the provinces for August were also read.

All members present felt that active measures would have to be taken immediately in order to raise our objective by the end of the year. The members of the Ontario Committee finally decided upon the following plans:

(1) A report is to be prepared of all contributions which have been received up to date from all training schools and nursing organizations in Ontario. This is to be in tabular form, giving the name of the association, its objective, and the amount so far raised.

(2) A letter is to be sent to all hospitals and organizations that have acknowledged the previous appeals sent by the Ontario Committee. This letter shall enclose the above report.

(3) In the case of *alumnæ* associations which have not acknowledged any of the previous letters from the Ontario Committee, it was decided to send no further letter to the Secretary, but to write to the present superintendent of the training school concerned, to enclose this report and to ask her to place it in the hands of the president of the *alumnæ* association of her school.

(4) The Ontario Committee will offer a speaker to any association that wishes to have such for its October meeting.

(5) As soon as a definite answer has been received from Ottawa about the placing of the memorial, publicity will be given to this matter in all the Toronto daily papers simultaneously, hoping thus to reach all interested throughout the Province. This newspaper announcement will give the detail of Ontario's objective and the amount so far raised in each association and hospital in the Province.

(6) The Ontario Committee will offer to hold a personal conference later with any association which does not respond to this appeal.

(7) This report of the amounts raised by each association will be brought up to date at the first of each month and sent to each organization and school contributing.

It was decided that the Secretary of the National Committee should send a copy of these plans made by the Ontario Committee to each Provincial Committee for their information, and, at the same time, ask the Provincial Committees to reciprocate by sending in to the National Secretary any further suggestions that they have to offer.

The meeting adjourned.

E. K. RUSSELL, Secretary.

## Government Annuities versus Life Insurance

---

As one who has invested both in a Government Annuity and in a Life Insurance Policy, I should like to call the attention of the nurses to the good points of both, and also point out how well they work together.

In *old age* there is no investment in the world that will render such large returns as a Government Annuity. But if the money is saved in *any* way it can buy a Government Annuity at any time—preferably, of course, as late in life as possible, as the returns are not large early.

The reason I appreciate my life insurance more than my Government Annuity at my present age is this: I am saving just as surely and yet, if an emergency arises, (and it may be an urgent one), I am at liberty to borrow from my policy. If I die, my favorite sister gets the whole face value of it plus the dividends. As my policy matures at age sixty, I can buy just the same Government Annuity at that time, *if* I have expectation of living and want it.

With regard to my Government Annuity, no matter what financial straits I encounter, no matter how long nor how much I have paid in, I cannot get out a penny. If I die, my sister only gets what I put in at four per cent, and no matter what physical condition I find myself in at date of its maturity, even though I know I may draw but a year or two, I can do nothing about it.

In the case of a young nurse who has been saving in a nice-sized life insurance policy for a few years, and then takes a notion to marry (as nurses have been known to do), she has a nice nest egg for her trousseau, and considerably more, if she choose to take out her cash surrender value and dividends for this purpose.

We older nurses are apt to look at things a bit too much from our own viewpoint and sometimes forget that matrimony does occur among the young and incautious, but, after all, it must be reckoned with.

To my mind the ideal method of saving for a self-supporting woman is to carry as large a life insurance as she can, and when it matures, and if she is old enough and has reasonable expectation of living, she can buy a Government Annuity with it, than which there is no finer combination.

The average nurse should carry at least a four or five thousand, twenty-year endowment, and if, after her third payment, she finds in any year she is not able to carry so much, she can get a bond for any part of it she feels she cannot carry, and let it all go on to maturity together.

S. CAROLINE ROSS.

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Sleep is death's youngest brother, and so like him that I never dare trust him without my prayers.

—Sir T. Browne.



## The Operating Room—Equipment, Care, Supplies

Hospital methods and operating technique are constantly changing. Many institutions have perfected methods giving splendid satisfaction for themselves, that may be entirely unsuited for some other institutions doing a different class of work—managed in another way or situated in diversified surroundings.

Each institution must, to an extent, develop methods for its particular requirements, yet gains much by studying the methods developed in other institutions doing similar work. The more simple the methods employed the greater the economy in material, in the number of employees, and in time.

The ideal hospital operating room should be on the top story of the institution, with ample floor space and a moderately high ceiling. The operating room should be well ventilated and well lighted. A north light is preferable; artificial lighting should be of electricity on two circuits, the second an emergency switch. Gas should also be installed in case the current is defective. During operations the temperature of the operating room should be from 74° to 76°F.

One essential in keeping the operating room clean is to prevent, as far as possible, the entrance of dust and dirt from outside. In order to effect this, all windows that connect directly or indirectly with the operating room should be screened with fine wire; ventilators intended for the admission of air covered with six thicknesses of second grade gauze and changed twice a week.

The furniture and utensils of the operating room are chiefly of iron, glass and agate. They are necessarily expensive, and the utmost care must be exercised in handling them. They include a suture stand with glass shelves and iron frame, an anæsthetic table, sponge table, long curved table, small table for sterile pitchers, three basin rings, two stools, irrigating pole, irrigator, interstitial pole, and operating table. It is of great convenience to have a small swinging table containing the instruments for each operation, to be placed over the knees of the patient, thereby eliminating the necessity of having some one pass the instruments to the surgeon or his assistant.

The suture stands hold the following:—Sutures of all kinds, solutions that are in constant demand, i.e., tincture of iodine 2½ to 5%; alcohol 90 and 65%, etc.; glass jars containing medicine glasses, catheters, irrigating points, connecting tubes, glass Y's, rubber bands, finger cots, Paul's tubes, colostomy rods, douche nozzles, and glass syringes. These are boiled and stored in 2% Formalin (the solution is changed once a week), a set of sterile sponge sticks, a jar containing a few powder puffs, a granite graduate and funnel (sterile and ready for use), a tray containing cotton and gauze bandages, neck rolls (8" wide and 3 yards long, made of second grade gauze), abdominal, breast and T-binders; adhesive, taped and rolled; safety pins, caustic pencil, bismuth

powder, sterile test tubes, tongue blades, iodoform and plain gauze (different widths), and bichloride gauze.

Our operating suite of the Toronto General Hospital is situated on the top floor at the north end of the building. There is a main corridor (inverted "T" shape) into which all the rooms open. On the right, as you enter, the surgeons' wash room is situated. In this we have a chest of drawers and lockers with keys for the surgeons' use, basins with hot and cold water (knee attachments), shower bath and lavatory. Each morning this room is supplied with towels, soap, dry scrubs, caps and masks, which are replenished as the day demands. Following to the right is a general utility room where the maximum of the cleaning is done. The linen cupboard is also here. At the extreme left of the corridor is the Pathological Laboratory, where the quick sections are frozen and examined under microscope by a skilled pathologist. There is an anæsthetic room at each end of the building, opening from the main corridor and connected with each of the two operating rooms. The patient cannot, therefore, come through drafty corridors during the administration of anæsthetic or during the operation. The sterilizing room is between each operating room and easily accessible, being in front of the main door of the operating suite. We have a steam pressure autoclave which accommodates the drums and in which our supplies are sterilized. Here are large tanks of hot and cold water sterilized daily, oftener if necessary. This water is all stone filtered before it is sterilized. Here is also the utensil sterilizer in which the basins are boiled. This is scoured with sapolio every day, rinsed, and refilled with water. The instrument sterilizer is next. It accommodates two instrument trays and is kept *full and boiling* during all operations. An oxygen tank is kept here convenient to both operating rooms, also the interstitial pole. In the main corridor to the left of the sterilizing room door we have a cupboard of sterile supplies in which the interstitial jars, tubing and needles and intravenous outfits are kept.

Patients are brought to the anæsthetic room, placed on the operating table and there anæsthetized (if ether is the anæsthetic administered). All binders, bandages, etc., are loosened, so that when they are brought into the operating room no time is lost in unnecessary moves. If nitrous oxide and oxygen are given, the patient is brought into the operating room and all necessary preparations done before the anæsthetic is started.

There seems to be a prevalent idea that the patient should not be permitted to see the operating theatre at the time of operation, although the great majority of patients express a desire to see it, and are allowed to do so at some time during their stay in the hospital. The modern operating room is attractive and clean, and it can do no harm to let the patient see this for himself. It is certainly more reasonable than to surround the place with such an air of mystery that he is led to believe it such a horrible sight that he cannot be taken there until he is asleep.

The walls of the operating room at the Toronto General Hospital



are washed every day, as high as the nurse can reach, with 2% lysol; the floors are scrubbed daily with hot water and soap, and mopped between operations with lysol solution 1/100. The mop used between operations is kept exclusively for that purpose, and when not in use stands in 2% lysol. All the furniture is dusted daily with a damp duster and all stains caused by disinfectants removed. The water tanks are boiled with soda carbonate 1%, put in hot water and soap, dried, then lubricated with liquid paraffin and gasoline equal parts once a week. To prevent infection being conveyed from the mouth and air passages of one patient to another, the anæsthetist washes his hands before starting any anæsthetic. The ether mask is boiled and fresh gauze (eight thicknesses of second grade gauze) is used to re-cover the mask.

We have a working standard of supplies which is checked every night before the sterilizing nurse goes off duty. Any shortages are listed on the head nurse's desk. A record of sponges and strips in each operation is kept as follows:—Date, surgeon, patient, operation, sponges (large, small!), strips (large, small), assisting nurse.

The small sponges are counted into bundles of twelve; large sponges in bundles of six; small and large strips, two in each bundle. These are counted back after use in the same numerical value. Every sponge and strip is accounted for when the peritoneum is being closed and any discrepancy reported to the surgeon. *He takes it for granted that your count is correct if nothing is said.*

If every hospital would keep a strict account of the amount of material used, the amount of linen soiled, and the amount of time of all assistants, nurses and orderlies supplied each surgeon working at the hospital covering a period of six months, the result in most instances would be startling to the surgeons and the hospital authorities. Good technique and efficiency are not measured by the number of assistants and nurses in the operating room any more than is asepsis measured by the quantity of soiled linen.

Economy, however rigidly it is practiced in other departments of the hospital, is often conspicuously absent in the operating room. The hospital authorities are not to blame for this wastefulness. The surgeons and nurses are often wanton in their extravagance. It is not unusual to hear a surgeon talk on this subject while he is at the same time using fifteen inches of the most expensive catgut to ligate a simple small vessel.

In our operating room all sponges, strips, gauze fluffs and face masks (unless after a pus case) are rinsed free of blood, washed in soap and water, and boiled half an hour in water to which soda carbonate and lye (in the proportion of five pounds of soda carbonate to one pound of lye) has been added. Our face masks are used once for face masks, then washed, cut in half and used as fluffs. Absorbant cotton is saved, sterilized and made into wipes.

For plaster cases we find it most convenient to have ready a tray containing silence cloth, flannelette bandages, cotton and gauze bandages, bucks extensions, adhesive, spool of thread with needle, tape measure, absorbent and non-absorbent cotton, stockinette (three widths), pair of old gloves and powder puff, hand towel, plaster cutters and knife, tongue blades, safety pins and two anklets. To be added: shears, bandage scissors, surgeon's gown, talcum powder, a basin with towel and paper in bottom (to prevent plaster settling on the bottom of the basin).

It is a great satisfaction to know that the autoclave is working right; to make sure of this we send a sponge to the laboratory every month for a sterility test.

A book with a brief outline of the technique of the several surgeons who frequently use the operating room, giving a record of size of gloves, needles and sutures preferred, is kept in the operating room, accessible at all times. Instruments for special cases are also listed. In case the nursing personnel changes, this is a great asset. A second book describing in detail the making and sterilization of all supplies is always available and is an invaluable help.

We do not scrub between each operation. When scrubbing, use green soap and brush, scrubbing under running water to the elbows three minutes; rinse, use orange wood stick; scrub with loofah brush and green soap three minutes; rinse, use alcohol wipes. Put on sterile gown (folded inside out with top up) and gloves, in such a way that the outer surface does not come in contact with the surgically clean skin. In taking off, gown first, then gloves, care must be taken not to let your contaminated gloves touch your surgically clean skin. A fresh alcohol wipe is used, sterile gown and gloves put on as before. This saves considerable time, which is a big factor on a busy day.

Where there is a training school, as is the case in our hospital, the work of the pupil nurse should be systematically changed, demonstrations given in draping, "setting up" the operating room, anæsthetic room, and surgeons' wash room, use of the different needles, of the operating table and the different positions required.

There must be an exact place for everything. Everything must be returned to the proper place and every one connected with the operating room know where that place is. When a pupil nurse comes to the operating room her name should be entered in a book, and a complete record kept, showing her class, date of arrival, date due out, length of time detailed to her several duties, and record of her grading.

At the Toronto General Hospital we have a special extra training of two months for under-graduates who show aptitude for surgical work, in which they learn management of an operating room, become familiar with the instruments for any operation, and scrub up for major operations, such as a bowel resection, where a second nurse facilitates and expedites the operation.



Below is an itemized work list we find very useful: The nurse detailed for special training has charge of the instruments for all cases, reports any shortages of instruments. Care of the instrument cupboard, this includes the weekly boiling and lubricating of all hinged instruments. Makes all the normal saline solution, glucose and gum acacia, and helps in the mending of gloves.

The senior nurse is responsible for the work-room, its supplies, and for the orderly's cleaning of sterilizers, boiling the water tanks, testing oxygen tank daily, routine sterilization of all supplies (listing any shortages), keeping instrument sterilizer full and boiling during operations, supply of sterile basins for all cases, "setting up" anæsthetic and surgeons' wash-rooms between cases, keeping saline ready for use, and the weekly cleaning of cupboards and drawers.

The sponge nurses are responsible for the daily dusting of the operating rooms with 2% lysol, reporting to senior nurse supplies used, entering specimens in the book, and seeing that they reach the laboratory; keeping sponge book entered up and signed, and that the standard of supplies in the operating room is complete before going off duty.

The assisting nurses have the care of the anæsthetic and surgeons' wash-room, linen cupboard, laboratory and refrigerator. Daily checking of the equipment in the anæsthetic rooms and testing of the hypodermic syringes, cleaning of instruments and utensil sterilizers, supply of green soap and iodoform gauze, weekly cleaning of medicine cupboard, and assisting at all operations.

We have a probationer who assists the senior nurse with supplies, helps with the weekly cleaning, and goes for the patients when necessary.

In the foregoing remarks I have tried to note in detail the essential requisites for any modern operating room. That these may be given their full value, it is also essential that the organization of the operating room nursing staff should be of high standard, that the nurse in charge, by her personality and good management, should create an atmosphere of enthusiasm and efficient service among her subordinates, and finally that hearty co-operation should exist between the staff and the operating surgeons and the nursing personnel.

ELSIE C. FERGUSON,  
Toronto General Hospital.

Read at C.N.A.T.N. Convention, Edmonton, 1922.

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It is not enough simply to possess powers; a man may be wonderfully blessed with latent possibilities, but unless he develops them he is not worth much more to himself and to the world than the oyster that lies at the bottom of the bay, waiting for the bit of food that may chance to come along.

## Saskatchewan Registered Nurses' Association

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The fall meeting of the Saskatchewan Registered Nurses' Association was held in Moose Jaw on Tuesday, October 10, 1922. While the attendance was not large, representatives were present from most of the important centres of the province.

The meeting was presided over by the President, Miss Ruby M. Simpson, who in an interesting address dwelt upon the duty of each member to her Local and to her Provincial Association, as well as to the National Nurses' body. The President also stressed the duties of the nurses to the other organizations with which they are affiliated, if the affiliation were not to be one in name only.

Most interesting reports of the C.N.A.T.N., and C.A.N.E., conventions were presented by the two delegates—Mrs. Feeny and Miss Helen Cameron. The various resolutions passed at the C.N.A.T.N., convention were approved without discussion. In regard to the special levy of fifty cents per member, it was decided that this amount should be paid from the general funds of the Association.

Miss E. M. Turner, Convenor of the Nurse Education Committee, gave a report of the Summer Session for Nurses, held in connection with the Summer School, University of Saskatchewan. Various suggestions and recommendations in regard to the repetition of the course on a more elaborate scale were included in Miss Turner's report. It was decided that the various standing committees—Nurse Education, Public Health and Private Duty—should interest their members, finding out the number available for the course next summer, and that they should make suggestions as to the material of interest to each group. Most hearty resolutions of appreciation were passed to President Murray and the University Senate, to Dean Ling, Director of the Summer School, and to Miss Ethel Johns, Assistant Professor of Nursing, University of British Columbia, and Director of the Course for Nurses at the University of Saskatchewan.

The report of the Memorial Committee was one requiring the careful consideration of the members. The Committee felt that it would be impossible to raise the amount assigned to this province by five dollar contributions. Though some six hundred and fifty nurses have registered in the province, many have moved away, leaving only some three hundred active members—the five thousand dollars required from Saskatchewan could not therefore be raised in this way. The larger local centres reported plans under way for the raising of funds. It was recommended that the province be divided into sections, assigning a given amount to be raised by each district and by each little group of nurses.

A resolution from the W.C.T.U. in regard to the training as nurses of Indian girls who have the proper academic standing, and one from



the Provincial Council of Women regarding a campaign for funds to establish an Industrial School for Girls in the province, were both heartily endorsed.

A telegram of greetings was received from Miss Jeane Browne, President of the C.N.A.T.N., and former President of the Saskatchewan Association. Greetings were sent to Miss Browne, and also to Miss Ruth Hicks, Councillor of the S.R.N.A., who was seriously ill.

The visiting nurses were guests of the Moose Jaw Graduate Nurses' Association for luncheon, while the afternoon session adjourned to the Providence Hospital, where a most interesting demonstration had been prepared, showing standard portions of common articles of diet, and illustrating a well-balanced diet for the child and for the adult. Following the demonstration, the members enjoyed a social half hour at tea, the guests of the Sisters of Providence.

As there would be no meeting of the C.N.A.T.N. until 1924, it was thought unlikely that there would be a Fall meeting of the Provincial Association next year. The place of the next annual meeting having already been chosen—Saskatoon,—it was left to the council to fix the most suitable time for the meeting.



Whate'er thy lot—to work, to wait,  
To watch while others sleep,  
To sit with empty, idle hands  
While others sow and reap;  
To fight and win, or fight and lose  
In forefront of the fray;  
Or, but to gird their armour on  
For those who march away:  
It matters not, so thou canst feel  
At every set of sun,  
Whatever task the day has brought  
Was well and bravely done.

—Annie Johnson Flint.



What is prayer? This is its simplest definition—the lifting up of the heart to God—with all that is in the heart, joys and sorrows, hopes and fears, sins and doubts and needs.

—Bp. A. C. Hall.

## Address at Graduating Exercises Second Attendants' Course

*A. K. Haywood, M.D., Superintendent The Y.W.C.A.,  
Montreal General Hospital.*

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I accepted the invitation to speak to you this evening with certain misgivings—the misgivings that naturally come over one when dealing with an experiment. The “Attendants’” course which you have just completed and which you are graduating from to-night, while not an experiment in the true sense of the word, is an experiment in this city and province.

The trained attendant first made her appearance in Boston under the name of The Household Nursing Association, in 1912, but it was not until 1918 that a definite course of training was established, and since that time several schools for trained attendants have been founded in Canada and the United States.

You are no doubt aware that the course which you have just completed is open to criticism that one finds directed against any new project or innovation that tends to deviate from tradition or long established custom.

It is quite unlikely that these schools for attendants would have been established had there not been a demand for the class of service that you have been trained to render.

This demand is urgent at the present time, and I have no doubt that you will find plenty of opportunities to practise your calling in this city, and it is in view of this probability that I would sound a note of warning.

A knowledge of the needs of this community convinces one that there are scores of families who, when illness overtakes them, will find in your services a blessing. I do not wish to intimate that you will be sufficiently versed in the art of nursing to take the place of the graduate nurse. Her position and knowledge is only made possible after three years of the hardest kind of work, study and sacrifice, and it is only natural that she will view graduation exercises as you have them this evening, with apprehension; but I feel sure that the graduate nurse will realize in time that it is possible for her work to be supplemented by a body of women such as you represent. One cannot help but feel that in many cases of chronic illness—convalescence, and in caring for children, the employment of a graduate nurse would tend to produce such financial embarrassment in that family that would make her employment impossible, nor is it right that on this account some form of service should not be available for this class of patient.

You are not nurses, and my kindest advice to you is to recognize and remember that fact at all times. The nursing profession is an old one and has progressed and perfected itself by many trials and tribulations. They have every just and sufficient reason to be proud and



jealous of their prerogatives, and while it is my sincere wish that you should meet with every success in your limited field, I hasten to warn you to avoid the paths of criticism.

Your course is still in its infancy. I understand that you are the second class to graduate, and to you is entrusted a great deal of the future success of this venture. You can rest assured that you will be watched with a great deal of interest, and there is no doubt that your mistakes and shortcomings will be made capital of to the detriment of this cause.

This course which you have just taken will undergo many changes. I hope I will not be misjudged if I venture a few suggestions as to these changes that at the present time might be profitably adopted. I cannot help but feel that your usefulness would be materially increased had it been possible for you to have supplemented your theoretical work with practical work in institutions that lend themselves to your particular class of work. By that I mean institutions for incurables—convalescents—certain classes of children's hospitals, or even small general hospitals without training schools, or in which there is difficulty in securing probationers. The question is bound to be asked why not general hospitals with training schools? The answer is that experience has proven, in those hospitals that have combined the attendants' course with the nurses' course, that it has not been successful. The attendant has had relegated to her the most menial duties of the wards without the interesting nursing care to make this drudgery bearable. There is inevitable jealousy and friction between the two classes of pupils.

Your future as attendants and your proper employment is largely in the hands of physicians, and I sincerely trust that the physicians that employ you will insist on continued supervision of your work, and by that supervision you will avoid the pitfalls that await you which, if not avoided, will bring your entire organization into disrepute.

To those who have been instrumental in enabling you to take this course, great credit is due. The Y.W.C.A., in fostering this work, has done the community a real service. Whether you young ladies have undertaken this work as a means of livelihood or to better fit yourselves for your home duties in case of illness matters not when one realizes the lack of knowledge of the first principles of home nursing so prevalent in the young woman to-day. One cannot but feel sorry for the young wife of to-day at her apparent confusion and consternation when asked by her physician if she has taken a temperature, or can she make a poultice, or her lack of knowledge of the first principles of hygiene.

I am sure that those who are fostering this cause have no intention, in giving recognition to the trained attendant, to provide a poorly trained nurse for the poor or middle class, and my last word of warning is to prepare now for legislation that will make it just as impossible for an unscrupulous attendant to practice as a nurse, as it is now impossible for a nurse to practice as a physician.

The community needs your services badly, and I hope that your course will be broadened and developed with a sincere view to a large community service. Our hospitals are now overcrowded, and we are told that only 10% of the sick of the community are in hospital, so you can see what a broad field is open to you.

In closing I would like to quote from an article that I came across in a recent number of the *British Journal of Nursing*: "We fear that the short-term training of nurse attendants in Canada and the United States who are "registered" is going to undercut standards and fees for genuine professional nurses. When the arrangement was agreed, we felt sure that the profession was trifling with its economic stability. We note from our press cuttings from abroad that these "attendants" have assumed the complete white uniform of the professional nurse. The Y.W.C.A. is responsible for turning out these graduates in Montreal, but we are told their training is not considered complete until they have been in attendance upon a certain number of patients. Let us hope such patients are not charged for trained services".

I read this quotation without passing any further comment. It senses certain fears of the nursing profession, but I am convinced that your organization is aware of these fears and will avoid them, and by so doing will command the respect and assistance of all who have the interest of the community at heart.



#### NOTABLE OPINIONS

Some men are in a state of perpetual confusion. They are always apparently as busy as bees, but they never achieve anything. It is no use working unless there is a settled plan. The day's activities should be carefully schemed—so many hours for work, so many for study, so many for healthy recreation.—*Sir H. Woodman Burbidge.*

As soon as a thing begins to influence public life, you find a few people trying to control it. But the history of any great movement shows that finally it is the great public in the end that will control.—*Lady Astor, M.P.*

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Love thyself last,—Cherish the hearts that hate thee,—Be Just and fear not.—Let all the ends thou aimest at be thy country's, thy God's, and truth's; then if thou fallest thou fallest a blessed martyr.—*Shakespeare.*

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Guard well thy thoughts, for thoughts are heard in heaven.

—*G. Herbert.*



## A Moral Prescription

(Continued from last month.)

### Chapter III.

In the world's rotunda of sorrow or poverty, there are those who, losing courage, shrink into the shadows and bitterly try to unravel their existence unseen and alone; while others, dauntlessly grasping the hand of a mighty unseen power, ride above all seeming difficulties and enter triumphant into a world of action, ready to work hand in hand with those who are steadily fighting for the uplift of humanity. Of two such types were Kate Doran and Barbara McLean.

Truely and surely both sorrow and deprivation had entered the happy life of the young widow, and just as truly had she unconsciously shrunk into the shadow of distrust and bitterness. Her hospital training was merely an end to a means of livelihood. Life for her ended at that point.

On the other hand, Barabara McLean had in her the keynote of optimism that saw good in all things. Though coming of high-born Scotch parentage, she was left on her own resources while in the adolescent age; but there was handed down to her a heritage far exceeding the value of gold—a firm belief in the individual guiding hand of an all-wise and loving God. With that heritage she trampled her difficulties under foot and made her way into a world made bright and beautiful by the sunlight of service.

The very fact that Kate Doran needed sympathy and love, qualified her for a place in the affections of Barbara McLean, and the passing weeks saw a friendship formed and sealed with a bond of understanding of each other's sorrows which the other students could not grasp. Gradually the disinterested expression left the face of the young widow, and a bit of the reflection of Barbara's brightness took its place. Then, too, wayward curls had a fashion of creeping from underneath the linen cap, 'til Dot Lee was forced to admit that Kate Doran was getting better looking every day.

And the weeks slipped by until June came in all its radiant freshness, and brought with it a Sabbath day lovely in its verdent garb of nature. The hospital windows swung wide open. Patients propped in their cots eagerly breathed in the exhilarating atmosphere and drank in the beauty of the valley where the village nestled in cosy protection.

Mark Clayton glanced at his wrist watch. It was 10:45 a.m. Yes, they were about to start: and they did—those bells! Soft and silvery, clear and confident, bringing a message of hope to the suffering ones. Mark had learned to love those bells, and as he closed his eyes, his heart beat strangely. He would listen to those bells three times more, and then he would be free! Free to leave the hospital where for five long months he had fought for the restoration of a crushed limb, the result of a

negligent auto driver. With the feeling of joy, one of regret passed over him. After all, there would be many things he would miss. There were the bells: they could never sound the same under any other circumstance. Then there was the old padre who would soon be coming with his guitar. Dear old Padre Jewell! How they all loved him from the crown of his shaggy head to the soles of his highly polished Sunday boots. Then there was the little red-headed nurse who had helped him fight from the very first hour of his appearance in the hospital through the many critical days. He wondered, as he had often done before, who she was and what was her history. Again he lived through the night when, restless with pain, he had leaned half way out of his cot, and, peering around the door, amused himself watching the reflection in the door of the nursery around the bend in the hall-way, and heard the suppressed voices of the nurses over the dead child. What did it mean? Who was she? What was her history? He was certain nurse McLean could tell him: but would she? After all it was none of his business, and yet he felt that when once he was free to play a man's part, he would find out for himself.

"I say, Clayton," came a voice from the next cot, "wake up! Can't you hear who's coming?"

"The padre, isn't it?"

And sure enough the padre's face beamed through the doorway, while his faded frock coat took on a greener and shinier aspect than ever before.

"I say, Padre," went on the first speaker, "tune up quick, eh? There's a man from this ward down in the operating room, and they're liable to shoot him up here any minute, and that will mean good-bye to our song service."

"All right, boy, what shall we have?"

"A morning like this makes one feel like the Glory Song!"

In quick obedience the chords were struck, and the inmates of the five beds joined the padre in the chorus of the chosen hymn. They had but finished, however, when the 'operating procession', as the boys termed it, arrived—the kindly old house doctor, Nurse Doran, and two orderlies bearing the stretcher.

"O I say, Doc., have a heart!" came a disappointed voice from cot No. 1. "No fair to spoil our concert this way."

"Sorry fellows, but it can't be helped. However, I guess the padre's voice won't disturb this chap if the rest of you will have sense enough to stop bellowing." And so saying he took a last look at the patient and retired, leaving Nurse Doran in charge.

Presently stillness reigned as the padre very softly touched the strings of his instrument; then, in a voice soft and sweet as a woman's, started to sing. His was the soul song that irradiated the rugged features till the hearers forgot the human and saw in him the divine.



What a picture it made that glorious June morning! How indellibly it was imprinted on Mark Clayton's life memory! What appreciative listeners. There was Jim Black in the bed opposite, his big bloated face overspread with a satisfied smatter. Clarke, to his left, had his head bandaged so that only his face could be seen, but there were two big tears rolling down his cheeks. Then there was the handsome face of the new-comer lying death-like under the influence of the ether; lucky dog, though, to have Nurse Doran's white finger-tips pressed on his pulse. How pretty her hair looked with the sun shining on it.

Softly the padre sung on, blending one hymn into another:

"Yes, He understands, all His ways are best:

Now, He calls to you, come to Me and rest.

Leave the unknown future in the Master's hands:

Whether sad or joyful, Jesus understands."

Clayton noticed Nurse Doran's blue eyes fill with tears, then her head quickly turned as she busied herself swabbing the mouth of her patient. And Mark Clayton wondered again what the future was holding in store for the little woman, and what it held for him; and, strangely, the padre's message brought peace and a feeling of certainty that all would be well under the guidance of the wonderful Power of which he sang.

#### CHAPTER IV.

But all hospital days are not glorious June days. There are times when dull, rainy weather casts a depression over all. For days, late October had been weeping sadly over the passing out of summer. A few bedraggled leaves hung from their sodden branches tremulously fearing the same fate as their beautiful sisters gone before. A fog shrouded the landscape, the town below being only recognizable by a deeper, smokier fog through which the buildings appeared like awesome spectres.

Barbara McLean entered the public ward bearing a tray on which were various treatment accessories, and smiled kindly as she laid the tray by the bed-side of a pale-faced woman. A gloomy morning always had a tendency to make Barbara's grey eyes of a deeper hue, until they sparkled under the long eyelashes; the curled lips were just a bit more expressive, while the strong, determined chin took on a firmer attitude as if in defiance to the weather fates.

"O I'm so glad YOU are to give me the treatment this morning, nurse. Somehow it seems more than I can bear at times to have some of the nurses come near me." But despite the tender touch of the beloved nurse, the sick woman cried out in pain.

Suddenly a big wholesome, kindly face looked out from under the covers of the next bed which had just received its occupant the previous evening.

"Sure now and I have been aggravated about you, sure enough; and I couldn't be sleepin' in the night lookin' at the wan face of you. Now don't you be cryin' and spoilin' all your good looks—"

"O, Mrs. Flynn, I haven't any good looks to lose," sobbed the suffering woman.

"I know, I know, but don't you be cryin' anyway—there's a good child, now."

And as Nurse McLean deftly adjusted the bandages and bestowed a kiss on the white forehead, the little woman lay quiet and still once more.

"Sure now, nurse," came the kindly voice again. "You're an angel of mercy in very deed, to go quietin' a sufferin' child like that. And now, if you would be good enough, would you kindly be propin' me up a bit so that I can put a few more stitches on my good man's socks. Just 'cause the weather's dull doesn't say we should be foldin' our wings and sulkin' like a lost crow."

To Barbara, the kind Irish face was like a ray of sunshine, and while arranging her pillows she encouraged her to chatter on at will.

"Will you be to tellin' me, nurse, who that pretty little lady is yonder in the end bed? Sure, now, and if she doesn't put me in mind of a doctor's wife I once knowed. Alike as two beans!" Mrs. Flynn chuckled, then went on in a hoarse whisper. "You know, maam, the doctor's wife was very proud of herself, she was. She would say to me, she would, 'you know, Mrs. Flynn, my husband thinks I'm fit to be a princess'; and as I used to say to her, och, now madam, and don't you go to be believin' everything your husband tells you. You know, nurse, husbands are all very good, but you can't be believin' even the best of them."

Thus it was that Barbara left the ward with a hearty laugh. As she did so, she almost ran into Nurse Doran, who faced her quizzically.

"What's the secret, Barbara? The gloomiest weather never seems to influence your temper in the least."

"No secret at all, Kate; all you need to do is to run in and see Mrs. Flynn. She would dispel the darkest gloom."

Kate wheeled around: "I'm going to help you sterilize those instruments, Barbara; I want to talk with you."

"All right, Kitty my dear, you may."

"It's this way, Barbara," continued Kate, "Mark Clayton phoned a while ago wanting me to accompany him to dinner to-night, and I'm not going."

"And why?"

"Well, in the first place, everything I own is out of date. My suit looks seedy; my Sunday-go-to-meeting dress needs re-making; my gloves and veil are yellow from the summer's wash; I haven't resurrected my last winter's hat as yet,—I don't know what it will be like."

"I've got it!" cried Barbara, enthusiastically. One of the junior nurses was telling me of a young woman who has just started dress-making and she will make over your dress very reasonable. As for your



gloves and veil, I have a package of navy blue dye which will make a marvelous transformation."

"But that doesn't help me out for to-night," interrupted Kate, "and anyway, I'm not going to his home again. It doesn't look right to be going there too often. I believe his dear mother pities me."

"Pity nothing, Kate, can't you see that Mr. Clayton likes you?"

"I don't know, Barbara, whether he does or not; all I do know is that it is miserable not to have a home or friends to escape to where one can entertain once in a while." And Barbara's heart was touched as she saw the tears fill the bright blue eyes.

"I know what to do, Kate," proposed Barbara, "invite Mr. Clayton here this evening. and entertain him in the reception room—."

"Yes," added Kate impatiently, "and sit like two statues at ease while all the other nurses file past, take a look on the side, and make comments later."

"Now wait till I finish, Kate. You know the Supers have a business meeting to-night in the town hall for to consider improvement propaganda. Then, Dot Lee with most of the senior nurses are off to a theatre party, while all the junior nurses are having a tea-party. The rest will be off to their old haunts. Could anything be more convenient than that?" And Barbara, placing the last article in the cupboard, closed the door with a bang

"Now," she advised, as a buzzer was heard in the hall, "skip along and answer that call, and don't worry your fuzzy head any more about it."

Barbara was so busy that she almost forgot the evening plans, till later in the day she ran across Dot Lee.

"Don't forget, Barbara, we're all to be away from here by a quarter to eight, sharp. They say the play is wonderful."

"Sorry, Dot, but I'm afraid I can't go to-night, after all—."

"Hm! interrupted Dot with knitted brows. "I suppose Mistress Doran is going to take you out with her friend to-night? It seems to me you're most terribly captivated with the little sphinx! However, we don't want to force you into our company, you know."

"Barbara's face flushed with anger. "I was going to tell you, Dot, why I could not go; but seeing you seem to know all about it, I hardly need to explain."

So saying, she sent an annoyed Dot on her way, and Barbara continued her work, glad at heart that she did not have to explain exactly what her evening plans were—in fact, she hardly knew herself, until she faced Belle DeLaCour in their room that evening.

"Say, Barbara, is it true you're not coming this evening?"

"Yes, my dear, and listen while I tell you." Then she poured into the sympathetic ears of Belle just what she wanted to do, and large-hearted Belle understood and freely forgave her for disappointing them.

By eight o'clock the banging of doors and hurried tread through the nurses' apartments ceased, and Barbara, on her knees in front of her trunk, resurrected a tray, a spirit lamp, a tiny brass kettle, and three hand-painted cups and saucers. "My little light-house-keeping necessities haven't come amiss after all," she thought, as she laid them on the dresser and covered them with a tray cloth. Then, getting her ulster and hat, she made her way to Kate's room, where that lady was donning a skirt and shirt waist.

"Kate, you're not going to wear that regalia to-night, are you?"

"Why not?"

"Why not! Why Kate, what's the use of wearing those things before you have to? Where's your pale blue voile dress? Summer's not over yet, and anyway you're not going out."

"I really never thought of it," laughed Kate. "I wonder if I have time—"

"Certainly. I'll help you."

Quickly the transformation was made, and Kate with flushed face stood ready to answer the ring to the bell. "By the way, Barbara," she questioned, "I thought you were going with the girls to-night?"

"No. I decided not to go. I'm going to run down street for a little while, and then I'm coming back to study."

"You're coming back to do no such thing. You're coming back to help me entertain," decided Kate. Then, with a quaint curtesy, she added, "this is my evening at home—that is if no one else decided to thrust their presence on my unwilling hospitality."

"All right, Kate, only too glad of the pleasure. I'll be back presently."

Taking a short cut across the hospital campus, Barbara espied Henry in the act of chatting with an ambulance driver. She accosted him. "Good evening, Henry! I wonder if you would do something for me?"

"Why hits you, Miss McLean. I 'ardly knew you."

"It is this, Henry. Would it be possible to have the grate in the living-room lit this evening? You know it had not been started yet this season."

"Why of course, of course. I'll send 'Arry along this minute."

And when Barbara returned at nine o'clock, Mrs. Doran and Mark Clayton were seated cosily in front of a crackling grate fire.

The fates could not have arranged it better. Perhaps she should not be going against rules, but all the juniors were out, and there was no one to whom they could set a bad example. Hastily she arranged the refreshments and proceeded to the living-room.



"Barbara!" exclaimed Kate, breathlessly. But a warning look silenced her, and the three partook of the dainties amid mirth and repartee. Then carefully gathering up every semblance of the feast, Barbara bade Mr. Clayton good-night.

Later, when Kate peeped into Barbara's room, she found her engrossed in a book. "Barbara, how can I ever repay you? I hope it won't mean trouble."

Barbara met her query with a chuckle. "The best way to repay me is to get that dress over to the dressmaker's before next week's invitation comes. To-morrow we can do the dyeing stunt at hours off."

Numberless footsteps announced the arrival of the first squad, and Kate, kissing Barbara good-night, carefully tucked her in bed and put out the light.

"God bless you," she whispered; then vanished to her own room.

*(To be continued.)*



The theory of the 19th century that the best industrial system was one founded entirely on human selfishness has resulted in the bitter consequences from which we are suffering to-day. Usually false is the notion that man is by nature filled with the spirit of self-sacrifice and is prevented only by a pernicious system from emptying himself to his fellows. The truth lies between these two extremes. Our aim should be not the "economic" and "psychological" man of the past and present, but the "social" man of the future, master of all his instincts and ruling his actions in the light of reason and justice. No good purpose can be served by pretending that this happy state of affairs is present, but, by endeavouring to develop the higher motive of service, we shall be appreciably nearer that object.

—Arnold Rowntree.



## HAPPINESS

It is almost entirely the individual's fault if he is not happy, for happiness is a cast of mind. One of the greatest of all poets says, "There is nothing either good or bad"—in this world—"but thinking makes it so." Happiness resides not in the pocket nor even in the bodily health, but in our mental attitude to our surroundings, and in contentment with our lot. We cannot entirely govern our surroundings, but each of us is captain of his own soul. Thank God for what you have got.—*Sir Alfred Fripp.*

## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

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### LECTURE XI.

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(Continued from last month.)

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#### *Origin of the American Red Cross*

As already stated, the United States, although informally represented at the Geneva Convention by the presence of both the American Minister to Switzerland and the European agent of the United States Sanitary Commission, took no official action in the matter until eighteen years later (August 22nd, 1882), and for thirteen years longer, that is, until 1905, the Society remained without definite membership or organization (Boardman). The causes for this delay in the inauguration of the movement, which in the United States has made, in later years, phenomenal strides in nation-wide organization and the distribution of national relief, are no doubt to be traced, in part at least, to the fact that the date of the Geneva Convention synchronized with the height of the Civil War, when the American nation was itself plunged into an extremity in which it had no room for external affairs, and when, moreover, it had been driven by its own distressing necessities to the organization of a Sanitary Commission which was excellently adapted to meet the urgent requirements of the situation, and which had evolved (with the assistance of Miss Nightingale, whose advice was sought and followed), a splendid code of regulations that placed the military hygiene of the American Army in advance. The negative attitude of the American Government in the early years of the Treaty was probably due in part at least to the paralysis of national effort that follows inevitably in the wake of war. During the years immediately succeeding the Geneva Convention the most strenuous efforts made by the members of the Sanitary Committee and by others, chief among whom is to be mentioned Miss Clara Barton, to obtain the adoption of the Treaty, were without avail. In the year 1881, the copy of a letter urging the adoption of the Geneva Treaty, which had been written in the year 1877 by M. Moynier on behalf of the International Committee to the President of the United States and forwarded through Miss Barton, but which had remained shelved through the four years succeeding, was presented to President Garfield by her and received most favourable consideration. A reply was accordingly addressed to Miss Barton, asking her to inform M. Moynier that his letter would receive every attention and that the matter would be brought before Congress, and that "should the President, as I doubt not he will,



approve of the matter, the administration will recommend to Congress the adoption of the International Treaty which you desire." Shortly after this time, President Garfield was assassinated. Among the first acts of his successor, President Arthur, were the proceedings leading to the adoption of the Treaty, which was signed by him on March 1st, 1882.

Already, in May, 1881, as soon as the favorable reply to Mr. Moynier's letter had been received, a Red Cross Committee had been appointed under the name "The American National Association of the Red Cross" (incorporated in July, 1881), under the honorary headship of the President of the United States and with Miss Clara Barton as its President, and a Constitution was drawn up in readiness for operation immediately upon the adoption of the Treaty. A feature of the constitution was the definite statement which it contained that relief in disaster in peace as well as in war was an essential part of the field of action and programme of the American Red Cross. This wise provision, which had already been carried out by the Russian Red Cross, may well have been the result of Miss Barton's personal knowledge of the discussions that had taken place upon this point at the early Geneva Conferences and of the broad view taken of it by the chief promoters of the Treaty, Mm. Moynier and Dunant.

Initial action was taken under the provision within the year, a few weeks after the formation of the first local branch in the United States, which occurred at Dansville, N.Y., Miss Barton's home, on August 22nd, 1881. A few weeks later the great Michigan forest fires swept through the adjacent country, and the infant organization rose to its opportunity, calling two other branches into existence in the vicinity of Rochester and Saratoga, N.Y. From this focus the work quickly spread, in a semi-organized state, and usually as auxiliary to a larger Government system of relief, but centred around the heroic figures of Miss Barton and her little band of associates, who in person administered and distributed on the scene of the disaster the funds and supplies for which they had personally appealed. The activities of the next fifteen years read like a romance of personal biography. But relief that was carried on in continuous succession during those years through the exigencies of the Ohio River and Johnstown floods (1884 and 1889); the Texas famine (1886); the Florida yellow fever epidemic (1888); the Russian famine (1891-92); the South Carolina Islands hurricane (1893); and last but not least the Armenian massacres (1895), form the first pregnant chapter in the achievements of the American Society. The instant assistance rushed to the scene of the Halifax disaster, and the efficient action taken against famine and plague in the far East are illustrations of the same activities developed along more highly organized lines to-day. Ever since those early days this function to help in national and international disaster has remained one of prime importance in the work of the American Red Cross, and there is no doubt but that the experience gained in it has been of material assistance in developing the details

of the Public Health Campaign of the League of Red Cross Societies in which the idea of national relief is extended to include the prevention as well as amelioration of disease. In this new departure into the field of public health the International Committee of the Red Cross itself led the van a number of years ago, as is related above.

The outbreak of the Spanish-American war in 1898 and the necessity it brought for war relief measures on a large scale carried the subject of the Red Cross into the foreground in the United States, and reorganization on a broader and more official basis was felt to be necessary in that country. After several minor changes a strong committee was formed, Miss Barton resigned the Presidency, and a new corporation was created, on July 5th, 1905, with the form of government as it exists to-day. The American Red Cross is now controlled by a Central Committee, of which the President of the United States is Chairman, and upon which are seated the Chairman and Vice-Chairman of the three administrative boards under which it is administered, namely, War, National and International Relief. In the first of these offices, that of war, the Surgeon Generals of the United States Army and Navy are Chairman and Vice-Chairman. The country itself is organized under a Central Committee on a system of state boards made up of local branches or chapters.

For details of the activities of the American Red Cross, both before and during the war, students are referred to the new authentic history of that subject in two volumes now in course of preparation by Miss Lavinia Dock and Miss Elizabeth Pickett. Publication is expected next spring.

Slide 270. Clara Barton. One of the heroines of the American Civil War and an active agent in the formation of the American Red Cross; frequently spoken of as its founder. Through the fact of her residence in Geneva at the outbreak of the Franco-Prussian War and activities throughout that campaign, she became the intermediary through whom M. Moynier's letter on behalf of the International Committee was finally presented to President Garfield, a step which directly led to the adoption of the Treaty. Born at Oxford, Mass., the youngest child of a thrifty New England family. Began teaching school at the age of fifteen and organized the first Public School in New Jersey. In 1855 she received an appointment at the Patent Office in Washington and was in occupation of this post at the outbreak of the Civil War in 1861. Immediately she went to the assistance of the wounded and later was permitted to follow the army, and rendered great assistance in the terrible emergencies that prevailed from 1861 to 1864. In 1865 she instituted a search for news of missing men and the location of their bodies, and was later reimbursed by Congress to the amount of \$15,000 for expenditures so incurred. In 1869, on the successful completion of this immense undertaking, she went to Geneva, Switzerland, for the winter, for the recovery of her health. On the outbreak of war (July 15th, 1870) she was immediately invited by the International Committee to accompany the Red Cross to the Franco-Prussian front. In spite of ill-health she accepted. The tribute she paid to the splendid efficiency of the International Red Cross in action there has become historic. "Within three days, before



a shot had been fired, it was on its way with its skilled agents, ready to receive, direct and dispense the charities and accumulations which the generous sympathy of twenty-two nations might place at its disposal." After the capture of Strassberg she established workrooms there for the employment of poor women and the assistance of the unclothed, and laboured with them for three years. She returned to America in October, 1873, and as soon as her health permitted she began a propaganda to establish the American Red Cross, which resulted successfully, as related, in 1881-82. Died April 12th, 1912, aged 87.

Slide 271. Clara Barton, in her workrooms at Strassberg after the siege of that city.

Slide 272. Autograph Endorsement by President Garfield of the request presented by Miss Barton for an interview with Secretary Blaine to present M<sup>r</sup>. Moynier's letter on behalf of the International Committee of the Red Cross prior to the adoption of the Treaty. It reads:

"Executive Mansion,  
Washington

"Will the Secretary of State please hear Miss Barton on the subject herein referred to?

(Signed) G. A. GARFIELD.

Mch. 30, 1881."

Slide 273. Red Cross Decorations presented to Clara Barton; (a) Iron Cross of Merit by Emperor of Germany, (b) Geneva Medal of Honour by International Committee for securing the adhesion of the United States to the Treaty, (c) Servian Red Cross by Queen Natali of Servia.

Slide 274. Scene of devastation after the Johnstown Flood, May 30th, 1889, where Miss Barton and the American Red Cross Association assisted in relief.

Slide 275. Armenian and Turkish decorations conferred upon Miss Barton in the Armenian Relief Expedition by the Armenians and the Turkish Government.

Slide 276. Relief Expedition of the American Red Cross to Manchuria, led by Dr. R. P. Strong, against the Pneumonic Plague in 1908. Shows physicians robed like the Misericordi Brothers to escape contagion. Their mouths are protected behind the mask by three inches of cotton wadding.

Slide 277. Scene of devastation in the Halifax Disaster, 1915, in which the American Red Cross rendered such prompt and signal service.

(Reference is made to volunteer work done under the auspices of the American Red Cross during the recent Great War, under the title "American Volunteer Help" in Lecture X., and after the account of the Canadian Red Cross at the end of this section).

### *The Canadian Red Cross.*

*Origin and Development:* This society was founded in 1896 by the sagacious action of Colonel (now Major-General) G. S. Ryerson, with the consent and approval of the British "National Society for Aid to the Sick and Wounded in War" (the forerunner of the British Red Cross Society), by Letter of Authority dated at London, December 2nd, 1896. It had the honour of being the first Colonial Branch organized in the British Empire. It was incorporated by Act of Parliament of the Dominion of Canada in 1909 as a National Society, its charter reading

"to furnish volunteer aid to the sick and wounded in time of war (in accordance with the spirit and conditions of the Conference of Geneva of October, 1863, and also of the Treaty of the Red Cross or Treaty of Geneva of August 22nd, 1864), and to perform all the duties devolved upon a national society by each nation according to the Treaty, but in affiliation with the British Red Cross Society." It is organized under a Central Committee elected from its members, in Provincial Branches whose special duty it is to organize self-supporting local branches throughout the Dominion. In accordance with an essential principle of Red Cross organization, its functions are strictly auxiliary to the Canadian (and through it to the British) government. Contrary to the usual Red Cross rule of having headquarters at the seat of government or its vicinity, the Canadian Red Cross headquarters are at Toronto.

*Activities in War:* The first opportunity for the exercise of its forces in time of war came to the Canadian society in the South African campaign (1899-1902), and the first call upon the people of Canada for subscriptions for this purpose was sent out by it on October 5th, 1899. The collection of money and supplies in Canada was under the direction of the late General James Mason and Colonel C. A. Hodgetts, Hon.-Sec., the latter of whom was made an Honorary Associate of the Order of St. John of Jerusalem in England for services rendered in this connection. The Society sent General G. S. Ryerson, M.D., as Commissioner to South Africa, and upon his return to Canada he was succeeded by the late Colonel G. Lyons Biggar. During the next three years contributions to the value of \$50,000 in cash and in kind were received, and a number of local branches were organized.

(To Be Continued)



The world to-day is suffering grievously from the absence of a high standard of international morality. If high standards of morality had determined the relations of nations and the duties of monarchies and statesmen in former years, we can well imagine what would have been the resultant blessings contrasted with the horrible losses which the world is now enduring. War, the greatest enemy of mankind, cannot be abolished and destroyed until a more wholesome and far higher standard of international morality determines relations between country and country.

—*Rt. Hon. J. R. Clynes, M.P.*

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Love all, trust a few, do wrong to none.



## Editorial



In the October issue the readers of this magazine were advised to use The Report of the Committee on Nursing Education, made by Miss Josephine Goldmark, under the direction of the Rockefeller Foundation, as the basis for a part, at least, of their winter's work in the various nursing organizations. A printed copy of this report may be secured from the office of the National League of Nursing Education, 370 Seventh Avenue, New York City, N.Y. Price, 15 cents per copy.

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Now that every province in Canada has registration laws of various degrees of value to the nurse and the community, much stress might and should be laid on the value to the individual nurse in being able to place the letters showing her registration after her name on all occasions where her professional status is used or referred to. Each provincial organization should use every means at its disposal to persuade hospitals, organizations employing nurses, and specially the nurses' registries owned by the nurses, to insist on the applicants for positions or work having this qualification. It is of very little use if the nurses themselves do not insist on its being an absolute requirement of any nurse wishing to be placed on the registry. This matter should, of course, have been attended to when the waivers were in force in each province, but, since this is not the case, perhaps a similar waiver might be made in the regulations of these registries. That is, it might be ruled that any nurse who graduated previous to a certain date might at any time become a member and beneficiary of this registry, but that nurses graduating after that date must have the qualification of R.N. either by examination or through reciprocity with other provinces and countries. Where a nurse, a recent graduate, wishes work between examinations or some such similar case, a permit might be made out by the officers of the organization controlling the register, and she be allowed on till such time as the next examination takes place.

It is rather a farce to have a registration law on the books and no attempt made to make it compulsory where nurses themselves own registries. Each superintendent, too, should feel it her duty to make this question the first, on meeting an applicant, and it will soon come to be recognized that registration is a real asset and not simply an ornament to a few of our nurses.

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It is a truism, but one often practically forgotten, that there is no medium between truth and falsehood.

—Archbishop Whateley.

# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
 Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
 Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
 Department of Public Health,  
 Halifax.

### Manitoba

Miss Elsie J. Wilson,  
 798 Grosvenor Avenue,  
 Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
 74 Carmarthen Street,  
 St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
 City Health Department,  
 Regina, Sask.

### Quebec

Miss Lawrence,  
 207 St. Catherine St. West,  
 Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
 Prov. Public Health Dept.,  
 Edmonton.

### Ontario

Miss Muriel Mackay,  
 190 University Avenue,  
 Toronto.

### British Columbia

Miss M. A. McLellan,  
 1883 Third Avenue, West,  
 Vancouver, B.C.

## The Development of the Public Health Nursing Department of the "Canadian Nurse"

*Read at the Public Health Section of the C.N.A.T.N., Edmonton,  
 June, 1922.*

That "a prophet hath no honour in his own country" we have all been led to believe. How, then, is it that the writer, having through various circumstances spent most of her nursing years outside her own country, never having been asked either to read or write a paper, comes home to be called upon on the very first public occasion? Open confession being good for the soul, neither has she ever, in all her life, attended a nurses' convention, and her acquaintance with the *Canadian Nurse* dates back just over one year. It should seem either that our neighbours are unobservant or unappreciative of those within their gates (qualities not often attributed to them) or else that Canadians, being easily imposed upon, are eager to grasp any raw material available, regardless of consequences. However that may be, please realize this subject is approached very humbly, and be a little indulgent if, through ignorance, there is deviation from the truth, or repetition of what has already been said innumerable times in a much more forceful way.



Of necessity, no doubt, the space allotted to the Public Health Nursing Department in the magazine is limited. Therefore most of us will agree with a nurse who wrote recently regarding this subject, "I think that as such wonderful things are being done in Public Health lines all over our own, and in every country, the little space we have should be used just as carefully as possible, and only worthwhile things published".

The question is, "What will appeal or be of service to the greatest number, as, what meets the wants of one may fall far short of the demands of another"—and there is no denying the fact we are a miscellaneous mixture. Think for a moment of the wide territory over which the *Canadian Nurse* travels, and the variety of positions occupied by its subscribers in all parts of the country. Continuously increasing numbers of these are engaged in doing Public Health work of various types, under different auspices in small cities or towns, not to mention rural districts, far removed from the few large centers. Frequently these nurses lack opportunities locally of obtaining current literature or publications pertaining to their work, or of meeting others of their kind and discussing mutual problems. To these particularly does not the *Canadian Nurse*, our national professional magazine, essay to be "the Light in the Window?" If it, then, or our Department, falls short of our ideal, who is to blame? Undoubtedly not the Editor or Chairman—that is, if they have not had behind them the interest and support of every individual nurse, as well as of the provincial representatives, to insure prompt reporting of interesting local or provincial happenings.

Then, too, what a help it would be if each individual nurse could realize that Public Health work as such is still in its infancy, and that an account of any little experience or accomplishment of hers is bound to be of interest to some poor struggling soul away in another corner of the country, possibly needing just that inspiration to encourage her to persevere in what previously seemed a rather hopeless task.

Contributions from members of the larger city staffs would not be despised. Halifax, with the Massachusetts-Halifax Health Commission and other local activities, has done great things, and must have much to say. Vancouver, as usual well in the lead, could help us surely. Winnipeg might induce Miss Pritchard to write an article on "Mothers' Classes" as a beginning. Edmonton could tell us of these "incomparable qualities" of the Alberta nurse. As for Toronto, is not the fine piece of work carried on by the City Health Department referred to as a model of its kind all over the United States, as well as here at home? Everyone has not been there. Think of that system of generalized work with its group of specialist supervisors, and the store of wisdom there must be and *is*, because, when you *do* get to see them, they are so helpful and generous about imparting some of it. Then, in the largest city of all, there is a branch of a national organization which, in co-operation with other agencies, does generalized Public Health work too, but with bedside nursing as the fundamental principle. Here are such great possibilities of exten-

sion that, with patience, much may be achieved in the next few years, when they will probably be glad to talk about it.

In a general way, the following suggestions are offered as possible material for the Public Health Nursing Department:—

(1) Brief accounts of proceedings of meetings of Public Health sections.

(2) Announcements of Bills affecting the Public Health which are before the Provincial Legislature.

(3) Interesting items regarding developments in the foreign field.

(4) Notes on recent Public Health Bibliography and pamphlets—where obtainable, etc.

(5) Announcement of events pending, conventions or conferences of health or social workers in Canada and the United States.

(6) An occasional reprint from a medical journal. New theories, discoveries and experiments provide much interesting food for thought, and the very rapidity of their succession should tend to produce that much-to-be-desired characteristic—an "open mind". Recent graduates or those nurses intimately in touch with hospitals have this advantage of the older Public Health nurse, that they have greater opportunities of observing newer routines and procedures than their sisters in the field. However, until such time as students in training schools in Canada are given the opportunity, theoretically and practically, of learning the value of not only individual curative treatment, but in addition, having the equally necessary knowledge of the family and preventive aspects of disease, with the wider social outlook required for successful community work—just so long will there have to be the same upheaval, conversion and re-education of the nurse along certain lines when she comes to work outside. While apparently this last statement has little connection with the subject, it is implied that in going through the processes above mentioned with her often acquired thirst for information, it is altogether likely the Public Health Nurse is more apt to be appreciative of the occasional reprint than many others.

(7) Original articles—

(a) From such men as Dr. Hill, Dr. Hastings, Dr. McEachern, Dr. Royer, Dr. Wyatt and others.

(b) From Canadian nurses residing in the United States who may forget our existence, leading the strenuous lives they do, as for instance, Miss Nutting, Miss Hudson and Miss Carr, all interested in Public Health education and development.

(c) From people at home, in different lines of work, say Miss V. M. Macdonald and Miss Forshaw, both of whom have written considerably, and should not be allowed to slip through our fingers from any lack of appreciation. Dr. McMurchy, too, tells most interestingly the function and powers of the Dominion Board of Health.



(8) Brief historical sketches of the development of Public Health work in each Province, unless Miss Dickson's suggestion of last year has already been acted upon. The following is a quotation from her address at the Convention last June:—"At the beginning of a decade of the life of this Association, it might not be inopportune to suggest that you undertake the compilation of a History of Nursing in Canada. The existing records consist of from three to four pages as an appendage to fuller histories of other countries . . . . It would seem to be the very noonday of our opportunity to complete a Canadian History of Nursing, a copy of which should find a place in the libraries of every training school and every Municipality of the Dominion."

You will now have decided definitely that two or three pages is absolutely inadequate for the Public Health Department; and should these suggestions be dwelt on much more extensively, the other branches may feel embarrassed and in duty bound to withdraw and leave us in possession of the magazine. Let us avoid such a catastrophe, at least until we are better organized as a group throughout Canada. But cannot we, even in this little section, take a leaf from the magazine of the American National Organization of Public Health Nursing. This would imply that we strive to make the section a stimulus in developing the community's responsibility for the health of its people, by encouraging the extension and establishment of Public Health Nursing, by doing all we can to bring about co-operation between nurses, physicians and all others interested in Public Health, and upholding Public Health standards. Who knows! Eventually this may lead even to the establishment of a central bureau for information and assistance in this service.

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Instructor in School of Graduate Nurses,  
McGill University, Montreal

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### "Our Nurse"

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My mother brought me from Italy when I was two months old. I was quite comfortable, for I had her milk to drink whenever I was hungry. She was not very happy, though. She did not like our dark, little house, and the cold weather, and she wanted more fruit and green things to eat than my father could buy. In Canada they cost so much.

One day a letter came for my mother. It said that her sister was dead in Italy. It made her cry all the day and even in the night. In the morning when I cried for milk there was very little there, and after that I never could get enough to eat. I used to be very hungry and I know I cried a lot. It worried my mother. She told my father that it was all because her sister had died. One day I was screaming, I was hungry. The woman next door came in. She did not understand our language, but when my mother showed her her empty breasts she went away and

brought a little tin box and a bottle with a rubber thing on the top like she gives her own baby to suck. She showed my mother how to take some sticky, white stuff from the box, and mix it with water from the tap. Then they put it in the bottle and gave it to me to drink.

I drank it because I was so hungry, but I did not like it. It was too sweet, and by and by it made my stomach ache. But my mother bought a box and gave some to me every time I cried, and I cried a great deal because that sweet stuff gave me such a pain and made me feel sick. I wanted to kick my legs when the pain got bad, but I was all bound up tight in a long bandage and I could not move. That made me more miserable than ever. I hoped my mother would understand and take off the bandage, but she didn't. She cried sometimes because I was getting so thin, but she did not know what to do for me.

One day a lady came to our house. She had a little brown bag, and she smiled at me. We could not understand what she said, but she pointed to the tin box and my bottle and my bandage and shook her head. I know she meant my mother to take the bandage off, but my mother just smiled and said "no speak", so the lady went away. I cried some more, I was so disappointed. The next day another lady came. She looked like the first one, but when she spoke we knew she was one of us, for we understood what she said. She told my mother that the sweet stuff was bad for me and was making me sick, and she herself undid the tight bandage and said to let me kick. I *was* glad. I began to feel better at once.

The next day she came again and took us both on a journey to a big house with a lot of babies and mothers. There was a man, too; he talked a lot to the lady and wrote things on a card. We did not understand, of course, but we knew they were talking about me and that the lady would explain it to us. Then we went home and she showed my mother how to cook water and milk out of a milkman's bottle for me to drink, and how to cook my little bottle and the rubber thing in water to make them clean. She told my mother to do it every day. They gave me some of the new milk. It *was* good and it did not make my stomach ache at all.

I lay and kicked my legs and was quite happy. My mother was so glad that she nearly cried, and she kissed the lady's hand when she went away.

The lady came to see us quite often. Sometimes she took me back to the big house to be weighed. I grew fat and strong quickly. Now I am big, nearly four. My mother tells me a story like this when I am good and mind our new baby. I call the lady "nurse". She often comes to see me and my little sisters. She likes my sisters, but she calls me "her boy".

MURIEL A. MARTIN,

Department of Public Health, Toronto.

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The reports which follow were read by representatives from Manitoba and British Columbia at the annual meeting in Edmonton. They emphasize the outstanding features of the reports on Public Health Nursing from those provinces.

### **Clinic Service—An Aid to Public Health Nursing in Unorganized Territory**

In discussing this subject and in reference to the report on Public Health Nursing in Manitoba, I would like to explain that while the Manitoba Red Cross Society does not employ any Public Health nurses, yet it does support four Public Service nurses, who are on the staff and under the direction of the Provincial Board of Health. It provides all equipment and supplies used at the Red Cross Nursing Stations, and for this year will provide the salary and expenses of a qualified doctor, who will visit each Nursing Station monthly for the purpose of holding clinics and visiting the sick in their homes.

This medical service was started in January of this year, and is controlled by a committee of members of the Red Cross Executive and Manitoba Medical Association. The Medical Service relieves the Public Service nurse of much responsibility that she formerly had to bear, there being no resident doctor in these districts.

In April of this year a dentist was also appointed by the Manitoba Red Cross.

(Signed) ELIZABETH RUSSELL,  
Representing Convenor of Public Health Committee,  
Manitoba Association of Graduate Nurses.

### **The Canadian Red Cross and its Relation to the Development of Public Health Nursing in British Columbia**

Although the Red Cross has assisted greatly in the development of Public Health Nursing in British Columbia, we feel that the work is still in its infancy, for their plans are many and extensive. The problem of nursing in the rural districts has always been a great one, and the Red Cross is doing more perhaps than any other organization to help meet that need. Nurses have been placed in eleven rural districts and are doing excellent work. Several other districts have asked for nurses and they will soon be supplied.

The service has been strengthened in the following ways:—

- (1) Improvement in equipment, especially for Pre-natal, School and Maternity Nursing.
- (2) Outlines and instructions for Health Talks in the schools and attractive colored posters for illustrating the talks, also outlines for Little Mother classes.
- (3) Full instructions and text books for conducting classes in Home Hygiene and Care of the Sick have been sent the nurses. A great

deal of interest is shown in these classes, and many of the members travel great distances in order to attend. This is a much-needed service in our sparsely settled Province where many of the people are great distances from medical help.

- (4) A great deal of helpful literature on various phases of Public Health work and nursing have been sent to the nurses for their own benefit and for distribution because of their isolation. This is especially important to rural nurses, keeping them in touch with progress in their field. A monthly bulletin is written by the Director of Nurses and mailed to those in the field.
- (5) Text books on such subjects as school Nursing have been sent to the nurses. A lending library on Public Health Nursing has also been made available for them.
- (6) Lending closets are being equipped by some of the branches. This primarily is a service to the community but also assists the nurse.
- (7) Hot soup and cocoa were served in a large number of the schools during the winter and milk in the warmer weather. Portable scales have been bought in most districts and the children weighed. The nurses have height and weight charts, and instruction on nutrition is given to the children and parents in cases of underweight and undersize.
- (8) A Health Centre has been organized in one town. Its first activity has been to organize a Child Welfare Clinic.
- (9) Individual First Aid kits are supplied at cost by one of our branches to the settlers, especially the unmarried men, who are not easily accessible to the Nursing center. A large, well-equipped First Aid cabinet is being placed in various parts of the district by the same branch.
- (10) Numerous forms, such as information circulars, have been multi-graphed for the nursing service as well as for the guidance of the branches.
- (11) It has been suggested to the several Red Cross committees that a small consultative committee be formed to discuss with the nurse local problems which come within her province; ways and means for helping her, regarding equipment for carrying on her work, maintaining supplies for a lending closet, and helping in cases of relief, according to the advice of the nurse.

All phases of Public Health Nursing are developed. The nurses in the country carry on Pre-natal and Child Welfare Nursing and Educational Health work in the homes because the organization of clinics is not feasible, while in the towns the nurses make a special point of holding Well-Baby clinics. Emphasis is being laid on the conducting of Home Nursing classes, and, in order to carry such knowledge to the rural districts, an organizer is employed. She spends about two weeks in a district in order to stimulate interest in the organization of the classes



and to enroll classes for every afternoon and evening, especially Saturday. A First Aid class for children or a Little Mother class is enrolled for Saturday morning. The organizer is followed by a travelling instructor who conducts the classes. The teaching centres in the district are within easy reach of each other by automobile. The instructor is supplied with a suitcase compactly packed with equipment for class work. One hundred and forty-five women are in attendance at the classes in our district. The Junior Red Cross also interests girls of a district to help, by making surgical dressings and bandages, and some in filling First Aid kits for the schools.

A two-reel film entitled "an Equal Chance" has been rented from the American Red Cross, and has been shown in several towns as a means of stimulating interest in establishing a Public Health Nursing Service. A complete set of slides on Home nursing classes has been borrowed from Red Cross Headquarters to stimulate the organization of such classes. Pathoscope films to be used in country places. Where standard films may not be shown on account of lack of electricity is a district need, and nurses are asked to send in pictures of themselves in various phases of their work so that slides may be made showing the service in the Province.

(Signed) A. McLELLAN, |  
Convenor Public Health Committee,  
Graduate Nurses' Association of British Columbia.

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EDITOR'S NOTE.—In reply to a letter forwarded to Miss Emory, Chairman of the Public Health Section of the C.N.A.T.N., from Miss A. J. MacMaster, R.N., Superintendent of the Moncton Hospital, Moncton, N.B., I am asked by Miss Emory to make the following correction in the report of the public health activities of New Brunswick, which appeared in the September issue. It read: "A branch of the Provincial Laboratory has been opened in the Moncton Hospital under the Chief of Laboratories for the Province." Miss MacMaster requests that it be stated that "The Moncton Hospital maintains an absolutely independent laboratory, paid for and run by its own funds and under its own jurisdiction: it has no connection whatsoever with the Provincial Laboratory beyond an occasional tissue examination, for which this hospital pays the Department of Health as any common arrangement between a Laboratory and patron. The Moncton Hospital acknowledges no relationship with the Department of Health Laboratories, and decidedly is no branch or part thereof."



"Never tell all you know, for he who tells everything he knows often tells more than he knows."

—Arab Maxim.

## Department of Nursing Education



### Report of the Canadian Association of Nursing Education held in Edmonton, Alberta, June 23rd and 24th, 1922

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In attempting to prepare this, the 15th annual report of the Canadian Association of Nursing Education Convention, I regret to state that up to this present date no report from the stenographer engaged for the purpose has been forthcoming, although every effort has been made to secure same—therefore, only a brief resume of the proceedings covering those relating to election appointments of convenors, new committees and resolutions, can be outlined for publication, even at this late date.

It does not seem necessary to reiterate the details of our social activities as already given in the report of the C.N.A.T.N. in the *Canadian Nurse*, of the social welcome and entertainments. However, I would like to say, briefly, that there must be unanimous appreciation of the cordial reception tendered us by the citizens of Edmonton, particularly His Honor, Lt.-Governor and Mrs. Brett, Medicine Hat Graduate Nurses' Association, Edmonton Graduate Nurses' Association, Alberta Registered Nurses' Association, the Academy of Medicine (Edmonton), the Mayor and Council, Board of Trade, President Tory and the University Faculty, the hotel management, the *Edmonton Journal*, the *Edmonton Bulletin*, and Mrs. Manson, convenor of arrangements committee, and her assistants, to all of whom the C.A.N.E. endorsed letters of appreciation, sent out by the C.N.A.T.N. secretary.

In the unavoidable absence of Miss Fairley, the president, Miss Hersey, first vice-president, presided, and briefly but fittingly responded to the addresses of welcome. Miss Hersey was appointed by the executive as representative to the C.N.A.T.N., with power to cast the votes, etc., of this association.

On motion, the minutes of the last annual meeting were taken as read. The report of the secretary, Miss Catton, showed that six executive meetings had been held during the year; that eleven new members had been added to the membership; that one member had resigned, two members had died, and three honorary memberships had been conferred; that the association had suffered a series of mishaps during the year, necessitating Miss McNeel's resignation as secretary, and Miss Flaw's withdrawal as acting secretary; that, owing to the fact that members do not notify the secretary of change of address, many on the list are incorrect; also that many of the names on the list are incomplete, some giving no Christian names at all, which accounts, possibly, for members not receiving letters or notices.



The address of the president, Miss Fairley, was read by Miss Hersey. Miss Fairley made appeal for constructive policy for social and religious activities among the students in training. She suggested that the policy be as broad as possible, including such work as English and dramatic classes, as well as religious instruction.

Miss Fairley expressed deepest regret that she was unable to attend the convention, and offered her warmest greetings, and asked that we as members do not allow sentiment to play any part in our policies, but to decide in all things as we feel is best for our particular work for the progress of nursing education.

The report of the treasurer, Miss Potts, was then read by the secretary, showing: Receipts for the year, \$671.72; expenditures, \$462.00; outstanding accounts, \$65.79; balance on hand, 209.79.

The papers prepared and read, as stated on the programme, were all excellent in their salient points, and shall, according to motion, be published in the *Canadian Nurse* during the coming year. These papers dealt with the social life of the training school, recent developments in the nursing field, the valuation of practical work of student nurses in view of future university affiliation, the need of staff conferences and how to make them interesting, the art of questioning, the present tendency in nursing ethics, student Christian movement, history of the organization of the C.A.N.E., instructor's course and public health course, as given in the universities, standard text and reference books for use in training schools.

The outstanding features of the convention were:—

1. The strong note in favor of "Student Christian Movement" activities in the training schools.

2. A marked enthusiasm and support of maintaining the identity of the C.A.N.E. as a separate association and not as a section of the C.N.A.T.N.

3. The number of resolutions to be dealt with and the number of new committees formed, which are as follows:

- (1) A committee on membership, whose function it will be to stimulate membership.

- (2) A committee on training school records to make a selection of records for adoption in all training schools.

- (3) A committee on scholarships to encourage the grants of scholarships for post graduate courses.

- (4) A committee to make a survey of the practical work of student nurses in the training schools with special emphasis on tuberculosis, mental and communicable disease instruction.

- (5) A joint committee on education and the future policy of the C.A.N.E. in its relationship with the C.N.A.T.N., that the C.N.A.T.N. executive be approached and asked to appoint three members on this committee, on which the C.A.N.E. has appointed three members, the two presidents of the respective associations being members by virtue of their office.

On motion it was decided that the present committee on Student Christian Movement be continued and given power to add to its number, and that this committee accept the assistance of the Dominion Y.W.C.A. Council, and that all training schools be asked to co-operate in the development of this work, and to consider the sending of delegates from the student body of the Dominion Y.W.C.A. conferences: that local branches of the Y.W.C.A. be asked to approach the training schools in their respective localities, offering their assistance in regard to leadership and organization; that as many students are now entering our universities for post-graduate special courses, the universities be approached on the question of allowing credits for work already done by the nurses and included in the university course; that the present committee on text books and reference books be continued and go further into the preparation of a selected list for adoption in all training schools; that the present committee on venereal disease courses for student nurses be continued with power to add to the number; that the executive committee have certain definite periods for meeting and considering reports during the year—October 1st, January 1st, and April 1st were the dates decided upon.

The following new members were accepted into the association:—Miss Mae McCreary, Miss Jean Blyth, Miss Hazel Johnson, Miss Mabel Stewart, Miss Norah Gillespie, Miss Elizabeth McGibbon, Miss Cassie Flack, and Miss Ina Katherine Maule Cole, all of Ottawa, and Miss Daisy Hay Brown, of Montreal.

The following officers and councillors were elected:—President, Miss Mary A. Catton, Protestant General Hospital, Ottawa; 1st Vice-President, Miss F. M. Shaw, McGill University, Montreal; 2nd Vice-President, Miss Annie Kinder, Children's Hospital, Winnipeg; 3rd Vice-President, Miss Eunice H. Dyke, Department of Health, Toronto; Secretary, Miss S. E. Young, General Hospital, Montreal; Treasurer, Miss Mary Shaw, Jeffrey Hales Hospital, Quebec City. Councillors: Miss G. M. Fairley, General Hospital, Hamilton; Miss M. F. Hersey, Royal Victoria Hospital, Montreal; Miss Jean Gunn, Toronto General Hospital, Toronto; Miss E. Johns, General Hospital, Vancouver; Miss Mary Martin, General Hospital, Winnipeg; Miss Eddy, General Hospital, Calgary; Miss J. MacKenzie, Jubilee Hospital, Victoria; Miss M. Branscombe, St. Stephens, N.B.; Sister Forfar, Calgary General Hospital, Calgary.

The following is a list of convenors and members of special and standing committees:—

NOMINATING COMMITTEE—Miss S. P. Johnson, Convenor; moved by Miss Gunn, seconded by Miss Hersey. Miss Locke, moved by Miss Gunn, seconded by Miss Hersey. Miss M. Martin, moved by Miss Eddy, seconded by Miss Mary Shaw. Miss Bennett, moved by Miss Gunn, seconded by Miss Hersey.

COMMITTEE ON ARRANGEMENTS—Miss Rowan, Convenor; moved by Miss Gunn, seconded by Miss Hersey.



PROGRAMME COMMITTEE—Miss Dyke, Convenor; moved by Miss Gunn, seconded by Miss Edy; Miss Rayside, Miss Johns, Miss Kathleen Russell, and Miss Dempsey.

TEXT BOOK COMMITTEE—Miss F. M. Shaw, Convenor; moved by Miss Gunn, seconded by Miss Hersey.

JOINT COMMITTEE OF C.N.A.T.N. AND C.A.N.E.—Miss Fairley, Convenor; moved by Miss Gunn, seconded by Miss Hersey. Miss Gunn and Miss Hersey to act on Committee; moved by Miss F. M. Shaw, seconded by Miss Mary Shaw.

VENEREAL DISEASE COMMITTEE—Miss Gunn be asked to complete the work; moved by Miss F. M. Shaw, seconded by Miss Edy.

COMMITTEE ON MEMBERSHIP—Miss Bennett, Convenor; moved by Miss Gunn, seconded by Miss F. M. Shaw; Miss Johns, Miss Edy, Miss Mable Gray, Miss Kinder, Miss Winslow, Miss Strumm, Miss Turner, Miss Fairley, Miss M. Shaw, and Miss W. MacLeod.

COMMITTEE TRAINING SCHOOL RECORDS—Miss Gunn, Convenor, with power to appoint her own committee; moved by Miss Shaw, seconded by Miss M. Shaw.

COMMITTEE ON SCHOLARSHIP—Miss K. Russell, Convenor, with power to appoint her own committee; moved by Miss Hersey, seconded by Miss F. M. Shaw.

SURVEY COMMITTEE—Miss Dickson, Convenor, with power to appoint her own committee; moved by Miss Gunn, seconded by Miss Hersey.

STUDENT CHRISTIAN MOVEMENT COMMITTEE—Miss Muriel Martin, Convenor.

Special mention should be made of Mrs. Manson and her committee on arrangements. In appreciation, this Association presented Mrs. Manson with a large bouquet of roses at the completion of the convention.

On invitation, this association decided to hold its next annual meeting in 1923, in Toronto.

In conclusion, the Secretary regrets being unable to give to the members in this report, through the medium of the *Canadian Nurse*, a detailed report on the proceedings, especially in reference to resolutions and other important details, and hopes to be able to do so at some future date during the year.

Respectfully submitted,

MARY A. CATTON, President  
(as retiring Secretary).

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# Hospitals and Nurses



## NOVA SCOTIA

The cornerstone of the Medical Science Laboratory of Dalhousie University was laid September 29th, with simple but impressive ceremonies. The stone was laid by Dr. John Stewart, Dean of the Faculty of Medicine, and addresses were given by Professor Falconer, President MacKenzie and Dr. Stewart.

A fine attendance of the medical men of the province showed the appreciation of the post-graduate course given by Dalhousie University. Besides the lectures and clinics an opportunity was given the students to visit the school clinics, the pre-school age dental clinic, well-baby clinic, venereal and chest clinics, and many finished their visit by making an excursion to the vegetable gardens, where thirty families, under guidance of the nurses, developed gardens producing vegetables suited to the needs of each family.

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## QUEBEC

### MONTREAL WOMEN'S HOSPITAL

Dr. Reddy and Miss Trench represented the Montreal Women's Hospital at the Atlantic City meeting of the American Hospital Association, in September, 1922. Miss L. Edwards acted as Superintendent during Miss Trench's absence and Miss Francis as Assistant Superintendent.

### ROYAL VICTORIA HOSPITAL, MONTREAL.

Miss Helen Rogers, who has been one of the Assistants in the operating room since graduation in 1921, has left to take charge of the operating room in Springfield Hospital, Springfield, Mass.

### JEFFERY HALES' HOSPITAL, QUEBEC.

Miss Violet Horner (1920) has accepted a position as Instructress of Nurses on the staff of the Wm. A. Foote Memorial Hospital, Jackson, Mich.

Miss H. Mackenzie (1919) has accepted the position of dietitian at the Jeffrey Hale's Hospital.

Miss E. Matheson (1920) has spent the summer at Peter Bent Hospital, Boston, Mass., as Ward Supervisor.

Miss E. Mackay (1904) is the welfare nurse at the Donnarona Paper and Pulp Co.

The position of Theoretical Instructress at the Jeffrey Hale's Hospital has been filled by Miss Eva Armour (1921).

### MONTREAL GENERAL HOSPITAL

At the September meeting of the Alumnae, Miss Young gave a most interesting report of the Edmonton Convention.

Changes and appointments on the staff of the M.G.H., are as follows:—Miss Eleanor Hancock appointed as second assistant to the Superintendent of Nurses; Miss Barnes on Night Staff as 2nd Assistant to Miss Webster, Night Superintendent; Miss Lynam (1922) to the O. D. Staff; Miss Middleton (1922), has accepted the position on the S.O.R. staff in the position resigned by Miss Janie Jamieson (1921); Miss Evelyn MacGregor resigned for Supervisorship of O. & K. Wards, succeeded by Miss Christena Denovan, lately Assistant Night Superintendent. Her position has been filled temporarily by Miss Morrison.

The M. G. H. Scholarship at McGill University has been obtained by Miss Louise McLeod, in Hospital Administration, and the Mildred Forbes Scholarship by Miss Nancy Curwell in Public Health. Miss Olive MacKay is also taking the course in Hospital Administration and Miss Minnie Eugeleke in Public Health.

Miss Isabel Symonds (1919) and Miss J. Dunlop (1922), are taking a six months' course in Pediatrics in New York City.



Miss Olive Welsh is on the staff of the Presbyterian Hospital, New York. Miss Georgia Colley is the delegate from the C. N. A., to the meeting of the Registered Nurses of the Province of Quebec, which is to be held in Quebec City on October 26th.

Miss Alice Ketchen sailed for England recently to accompany her brother, who has been ill, to his home in South Africa.

The Alumnae sent sympathy to Miss Jennie Walsh (1918), who has been ill for some time at the M. G. H., with hopes for speedy recovery.

Miss Lily Gray (1913) completed recently the Summer Course at Columbia University.

The Alumnae Association extend sympathy to the Misses MacKay in the loss of their sister, also to Miss Eaton, who suffered the same bereavement, and to Mrs. LeGrande (Grace Lawrence), New Carlisle, Que., in the loss of her only daughter, in August, aged four years.

The members of the M. G. H. A. A. are taking an active interest in a bazaar given in November by the C. N. A. to help raise funds for a Club House for Nurses in Montreal. Everything points to a successful event.

#### CHILDREN'S HOSPITAL, MONTREAL

Miss Maddocks, Assistant Superintendent, C. M. H., has returned from England after a visit of several months.

Miss Gladys Boyes, former Assistant Superintendent of C. M. H., has been appointed Instructress of Occupational Therapy at the Kalamazoo State Hospital, Kalamazoo, Mich.

Miss D. Osmond (1922) has been appointed Supervisor of the operating room.

Miss Maclatchie (1922) has been appointed supervising nurse of the Infants' Ward, C. M. H.

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### ONTARIO

#### HOSPITAL FOR SICK CHILDREN, TORONTO

The Alumnae had a very enjoyable opening meeting recently, when dainty blue and white material was bought and bed jackets made for the children in the hospital.

Miss Mary Aitken (1915), has taken a position in Edmonton.

Miss Gertrude Spanner is leaving Winnipeg, having accepted a position in the Children's Hospital.

The Heather Club Chapter of the I.O.D.E. held a very successful autumn fete on October 12th. Mrs. Cockshutt declared the fete open, making special mention in her brief address of the wonderful work done by the women's organizations, who had started with very little financial reserve.

The dance in the evening was arranged by the Alumnae Association of the Hospital for Sick Children.

The Smith's Falls Graduate Nurses' Association recently arranged a tea, which raised \$75.00 for the Nurses' Memorial Fund.

#### TORONTO GENERAL HOSPITAL.

Misses Margaret McCort (1911) and Esther Strachan (1922) have been appointed night supervisors in the Private Pavilion, T. G. H.

Miss Georgia McCulloch (1920) has accepted the position of Instructress at the Toronto Orthopedic Hospital, Toronto.

Miss Edna McNaught has resigned from the Training School office staff, T.G.H., and Miss Margaret Dulmage (1918) has been appointed in her place.

Miss Alice Thompson (1921) has taken a position with the Victorian Order of Nurses in Toronto.

Miss Elsie Hickey, Supervisor in the Department of Public Health, Toronto, and Miss Mabel Sharpe (1919) have gone to Haileybury to assist in the relief of the fire sufferers.

Miss Maud Coatsworth (1916) has resigned from the staff of the T.G.H. She has been awarded a Red Cross Scholarship and is taking the course in Public Health Nursing at Toronto University, as is also Miss Rae Shipman (1921) who gained a V.O.N. scholarship.

Miss Scadding has recently taken charge of the 5th floor, Private Pavilion, T. G. H. Miss Fiddler (1919) is now in charge of the Admitting Department.

We are sorry to learn that Miss Ruby Berry (1914) has undergone a serious operation at the T. G. H.

Miss Lilian Thomas (1917) has accepted the position of Operating Room Supervisor in Evanston Hospital, Evanston, Ill.

The engagement is announced of Miss Olive James (1919) to Dr. Will Holmes, the marriage to take place this autumn.

#### GUELPH.

The Guelph General Hospital A. A. held their annual meeting on September 19th, at the residence of Miss Moore, with a good attendance of members. Reports of committees were satisfactory, special note being taken of the financial report, showing a marked improvement over other years. The Social Committee reported a euchre tea and a dinner for the graduating class of 1922. This was an innovation this year, but was so much appreciated that it was determined by vote to make this an annual event. The special committees reported sending fruit and flowers to the sick nurses, donations to Russian Relief, etc. During the year the Alumnae has lost two very good friends in the persons of Dr. Roberts and Mr. Sinner. The latter spent a life-time in the service of the hospital, and his passing is deeply regretted by all graduates of the hospital. The meeting adjourned after refreshments had been served.

#### BRANTFORD.

The annual Graduating Exercises were held at the Brantford General Hospital, on September 14th, 1922, when the 1922 class of thirteen graduates received their diplomas. Miss Verna Woods had the honor of winning the scholarship for the highest class standing, while Miss Mabel Moss received the 2nd class scholarship. Miss Alberta Bartley was presented with the \$25 gold piece given by the A. A. for general proficiency. Miss Annabel Hough won the Gold Medal for highest standing in Obstetrical Nursing. On the evening of September 19th the Alumnae entertained the class at a most enjoyable dance in the "Winter Garden."

#### HAMILTON

Rev. J. H. and Mrs. Sandercock (nee Fellows) have returned from Central Africa, after three years in mission work. Mrs. Sandercock will address the nurses at the November meeting of the Alumnae.

Mrs. Haygarth has resigned her position at the V. D. Clinic and is now taking the Public Health Nursing course at the University of Toronto, having obtained the scholarship of the G.N.A.O.

The Public Health Department has added Misses McNamara, Bett, Aitkens and Cora Taylor to the staff permanently, and Misses Flintoc and Inwin on the temporary staff.

Miss M. Brener gave a very interesting report of the Edmonton Convention at the last meeting of the A. A. The St. Joseph's Hospital A. A. were also invited to be present, as well as members of the G.N.A.O. resident in Hamilton. Miss Fairley, Superintendent of Nurses of the City Hospital, served tea in the beautiful new Residence for Nurses.

#### BELLVILLE GENERAL HOSPITAL

The pupil nurses of the General Hospital held a garden party and dance September 6th, for the benefit of the Memorial Fund. The day, orchestra, decorations and refreshments were all the nurses could desire, and the handsome sum of \$154.00, clear of expenses, was the result of the energy and enthusiastic work of the pupils of this hospital.

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#### SASKATCHEWAN

##### SASKATOON

The regular monthly meeting of the G.A.N. was held October 5th at the home of Miss Sadie McEwan. It was decided at this meeting that hereafter the nurses of Saskatoon would do hourly nursing according to the plan adopted successfully elsewhere.

Sewing for the Babies' Home will be one of the activities of the association this winter.



Arrangements have been made for the "At Home" to be held October 30th, the proceeds to be applied to the Canadian Nurses' Memorial. At this function, the senior pupils of the City and St. Pauls hospitals will be the special guests.

Miss Macey, R.N., addressed the meeting, taking for her subject the difference between the minimum and the standard curriculum for the training schools.

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## ALBERTA

### CALGARY.

At the annual meeting of the C.A.G.N., on September 14th, in the Y. W. C. A. parlors, the following officers were elected for the ensuing year: Mrs. R. P. Stuart Brown, re-elected President; 1st Vice-President, Mrs. A. H. Calder; 2nd Vice-President, Miss Willison, R.N.; Recording Secretary, Miss Bishop, R.N.; Treasurer, Miss Parks; Corresponding Secretary, Miss L. Phillips, R.N., 8 Wallace Apartments, Calgary; Registrar, Mrs. J. Stewart Whyte. Mrs. A. H. Calder, Miss M. MacNear, R.N., and Miss B. A. Beattie, R.N., were chosen as delegates to attend the meetings of the Local Council of Women. The President outlined the past year's work,—addresses had been given by several physicians, teas and dances had helped to swell the finances, and delegates had been sent to three different conventions during the year. One member had died, ten had been married, and flowers sent to members who had been ill.

Reports of the various committees were read and adopted, and it was the general feeling of the association that, though the past year had been a successful one, it was hoped that the coming year would be even more so.

Miss Kelly's removal from the city, though temporary, was felt to be a great loss to the Association, and the members look forward to her return.

The October meeting of the C.A.G.N. was held on October 12th in the Y.W.C.A. parlors, with the President, Mrs. R. P. Stuart Brown, in the chair.

In the correspondence connected with the routine business was a letter from Miss Helen Randal, R.N., containing a warning against fakers selling subscriptions to "The Canadian Nurse" magazine, as well as other magazines, and who were not authorized to do so and who kept the money so received. In addition, she made an urgent appeal for more subscribers to our only Canadian nursing magazine. It is hoped that each nurse in Calgary who is not now a subscriber will immediately send \$2.00 to Miss Helen Randal, R.N., Editor of "The Canadian Nurse", 125 Vancouver Block, Vancouver, B.C., or to the Calgary Convenor, Miss Bella, R.N., 318 21st Ave., W., Calgary, Alberta.

Miss Jessie Forshaw, Dominion Inspector of the V.O.N., gave a very interesting address, with an account of the work done by the order. She spoke of the scholarships of \$400.00 given to nurses from standardized training schools desiring to take a post-graduate course in Public Health Nursing at the various Canadian Universities.

Miss A. Phillips, R.N., gave the report of the conventions of the Alberta Hospital Association and Alberta Association of Registered Nurses held in Edmonton in September, 1922.

The resignation of the Registrar was accepted.

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## BRITISH COLUMBIA

The graduate nurses of Victoria are co-operating with the 5th Regiment and 16th Canadian Scottish for a grand military ball to be held November 6th in the Armory, when the nurses hope to raise their allotment for the Memorial Fund for Overseas Sisters.

Miss Lucy Pringle, R.N., left recently to take charge of the hospital at Atlin, B.C.

Miss Myrtle Wheeler (V.G.H.) returned October 5th to China, where she is on duty at Cheng-tu, West China. Miss Wheeler has spent her year for furlough between Toronto and Vancouver.

Miss Ethel Endacott, R.N. (Vancouver General Hospital) has accepted a position on the staff of the Prince Rupert General Hospital.

Miss H. M. Hamilton (V. G. H.) who recently resigned from the staff of the Prince Rupert Hospital, has accepted a similar position at the Port Simpson General Hospital, Port Simpson, B.C.

Mrs. E. McCutcheon (Hazelton General Hospital) has been appointed to the staff of the Hazelton Hospital.

Miss Gertrude Black (Royal Jubilee Hospital, Victoria) has been appointed to the staff of the Summerland Hospital to take the place of Miss Lily Wilson (Massachusetts General Hospital), who has accepted a position in the hospital at Francis Lake, B.C. A most enjoyable dance was given as a farewell to Miss Wilson at the Summerland hospital on October 11th by the hospital staff.

Miss Blanche Wells, R.N. (Newport Hospital, Newport, R.I.) has resigned her position as Superintendent at the Chemainus General Hospital to accept one as Operating Room Supervisor at the Royal Columbian Hospital, New Westminster, B.C. Miss Bird (St. Joseph's Hospital, Victoria), is in charge of the hospital at Chemainus.



## BIRTHS

**Banbury**—On September 5th, 1922, to Mr. and Mrs. J. R. Banbury (Isabel Fasker, Toronto General Hospital, 1919), a daughter.

**Kirkby**—At Fort Qu' Appelle, on July 20th, 1922, to Dr. and Mrs. R. W. Kirkby, a daughter, Jean Marie.

**Marlatt**—At Neville, Sask., on August 5th, 1922, to Dr. and Mrs. C. A. Marlatt (Irene Gray, Montreal General Hospital), a daughter.

**Odland**—On August 27th, 1922, at Minneapolis, Minn., to Dr. and Mrs. Henry Odland (Alice Fisher, Royal Victoria Hospital, 1915), a son.

**Wiley**—At Regina, Sask., on Sunday, June 11th, 1922, to Mr. and Mrs. T. W. Wiley, Suite 4, Regina Court, a daughter.

## MARRIAGES

**Clapperton-Essery**—In Palmerston, Ont., on August 30th, 1922, Madeline Essery (Toronto General Hospital, 1921), to Walter Clapperton, of Toronto.

**Clark-Campbell**—In Parry Sound, Ont., on September 27th, 1922, Adelaide Campbell (Toronto General Hospital, 1918), to Arthur Clark, of Toronto.

**Currie-Hanna**—On August 23rd, 1922, at Fort Collins, Colorado, Winifred R. Hanna (Royal Victoria Hospital, 1917), to Clarence G. Currie, Esq.

**Delany-Barry**—At Regina, Sask., on September 28th, 1922, Mina Jane Barry (Montreal General Hospital, 1910), to Earnest E. Delany, of Swift Current, Sask.

**Harris-Dennis**—At St. Paul's Church, Regina, Sask., on July 26th, 1922, by the Rev. Archdeacon Dobie, Gwendolyn Dennis (Regina General Hospital) to Mr. Leslie Harris.

**Howell-Murray**—In Kingston, on September 30th, 1922, Lillian I. Murray, (Toronto General Hospital, 1919), to Dr. Harrison Howell, of Galt, Ont.

**Lye-McNevin**—In Toronto, on September 2nd, 1922, Rose Irene McNevin (Toronto General Hospital, 1918), to Reginald Henry Lye, of Colborne, Ont.

**MacRae-Bruce**—At the home of the bride's parents, 9 Basset Avenue, Montreal, on September 29th, 1922, by the Rev. K. MacLennan, of Gould, Que., Margaret Dorothea Bruce (Montreal General Hospital, 1920), to Walter Sage MacRae, of Lodi, Ont. Mr. and Mrs. MacRae will reside in Lodi, Ont.

**McNeiley-Eaton**—At Truro, N.S., at the home of the bride, in August, 1922, Marjorie Eaton (Montreal General Hospital, 1918), to Mr. McNeiley. They will reside in Montreal, Que.



**Mechado-Moreshead**—On September 4th, 1922, at George St. Methodist Church, Sydney, N. S., Eleanor Gorrill Morehead (Royal Victoria Hospital, 1915), to Gerald C. Mechado, M.D. Dr. and Mrs. Mechado will reside in Notre Dame de Grace, Que.

**Parsons-Knapp**—At Kingston, Ont., on September 4th, 1922, Elsie Irene Knapp, of Kingston (Montreal Women's Hospital, 1913), to Reginald Parsons, M.D.C.M., of St. Johns, Newfoundland.

**Patterson-O'Regan**—On June 15th, 1922, Laura O'Regan (1917) to Mr. G. H. Patterson. Mr. and Mrs. Patterson reside in Quebec City.

**Ross-Brydone-Jack**—At St. James' Church, Bellingham, Wash., on July 8th, 1922, Blanche Lolita (Vancouver General Hospital), eldest daughter of Mrs. Katherine M. Sprague, of Vancouver, to Mr. Allan Casper Ross, of Vancouver, B.C.

**Scott-Stewart**—On August 1st, 1922, by Rev. Prof. R. E. Welsh, of Presbyterian College, Montreal, Lillian Alexandra Stewart (Montreal General Hospital, 1917), of Howick, Que., to W. Beverley Scott, B.Sc., of Grande Mere, Que.

**White-Conlin**—In Toronto, on September 11th, 1922, Irene Conlin (Toronto General Hospital, 1919), to Robert White, of Toronto, Ont.

## DEATHS

**Simpson**—At Syracuse, N. Y., on August 8th, 1922, Nursing Sister Anne Simpson, of Thornhill, Ont. Miss Simpson was a graduate of St. John's Hospital, Brooklyn. She served in France from 1916 to 1919, being attached to No. 1 Canadian General Hospital, Etaples; No. 10 Canadian Stationary Hospital, Calais; No. 2 Canadian C. C. S., and the I. O. D. E. Hospital, 1 Hyde Park Place, London.

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Take up another's load it carries ours.

It is the weight of self that overpowers;

—Langbridge.

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Recreation, which some may despise, thinking it a waste of time, or only proper for children or the idle, is a vital necessity to both physical and mental health for all. We neglect or reject it at our peril. The form of it cannot be prescribed by one man for another. It need not necessarily involve physical exercise, for the essence of it lies in our attitude of mind towards it. For one of us aviation may be the ideal recreation, for another chess. For many golf is a splendid antidote to nerves, whereas to myself, who want a moving ball to hit, it would go unspeakably wearisome. For most of us—and the others are to be pitied—music is the very medicine of the soul. But whatever form we prefer, recreation we should have, for our duties wear us away, and recreation recreates us. To find for the nervous man a new hobby that absorbs and delights him is to have cured him.

—Dr. C. W. Saleeby, F.R.S.

## — WANTS —

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Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.



Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department \$80. per month and maintenance.

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**THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES**

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**ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.**

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Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

**OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE  
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Convener of Programme Committee—Miss Ada Chisholm.

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The fundamental studies are arranged for through affiliations with General Hospitals.

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Medical Nursing .....	6 months
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Operating Room .....	2 months
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Diet Kitchen .....	2 months
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Mothers .....	2 months
Babies .....	2 months
Delivery Room .....	1 month
Parental, Delivery and Postpartum experience.....	2 months
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Books, uniforms and maintenance throughout.

Four weeks vacation each year.

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Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

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Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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**THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL, QUE.**

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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DR. SENIOR: "Well, what is it?"

DR. JUNIOR: "The old-fashioned poultices—bread-and-milk, linseed meal, and so on—always grow so cold in a few hours as to give one the creeps, almost——"

DR. SENIOR: "Exactly. Go on——"

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Regular Meeting—First Tuesday, 4 p.m.

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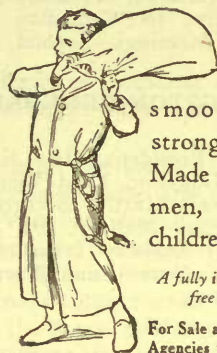
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**THE  
CANADIAN NURSE**

**A Monthly Journal for the Nursing Profession in Canada**

**Editor and Business Manager.....MISS HELEN RANDAL, R.N.**

**VOL. XVIII.**

**VANCOUVER, B. C., DECEMBER, 1922**

**No. 12**

**Officers of the Canadian National Association of Trained Nurses,  
1922-1924**

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## National Memorial Committee

The following is the report of the meeting of the National Memorial Committee, held November 10th, 1922:

### TREASURER'S REPORT:

The Treasurer reported the balance in the bank to be \$20,133.64. The various Provinces have contributed as follows:

British Columbia .....	\$2,865.00
Alberta .....	895.25
Saskatchewan .....	425.00
Manitoba ... ..	914.85
Ontario .....	6,124.75
Quebec .....	7,263.63
New Brunswick .....	860.85
Nova Scotia .....	461.75
Prince Edward Island .....	260.15

Reports were read from the following Provinces: Nova Scotia, Ontario, Alberta, Saskatchewan, and British Columbia. All of these reports show that the Provinces are at present carrying on active campaigns.

A report from our Business Committee was received, but that Committee has, as yet, no further information to give as to the placing or cost of the memorial. It is hoped that such information will be available very soon.

(Signed) E. K. RUSSELL,  
Secretary, National Memorial Committee.



### HUMILITY

For all poor souls we'll strew the feast,  
 With kindly heart and free;  
 Our Father owns us and at least  
 To-day we'll brothers be.  
     Away with pride  
     This holy tide,  
 For it is Christmas morning!

So may God bless us one and all,  
 With hearts and hearthstones warm,  
 And may He prosper great and small  
 And keep us out of harm;  
     And teach us still  
     His sweet good-will  
 This merry Christmas morning.

—Edwin Waugh.



## A Moral Prescription

(Continued from last month.)

### CHAPTER V.

Once again Mother Nature was preparing for Earth a festive garment in celebration of the Christ Child's birth. As she set to work everybody caught her spirit and they, too, began to make preparations. For Barbara McLean the Christmas spirit held a deeper meaning than ever before. During the previous months she had faced a crisis in her life; had accepted a challenge thrown out to her; and, after much deliberate thought, had offered herself for service in Africa.

"Why go to Africa?" questioned Belle. "There's plenty of opportunity for that kind of work at home. Even China or Japan seems more reasonable, but to bury oneself in Africa—I can't understand it."

"Well you see, dear, the need is greatest there. Just think of the millions of women who lack medical care of any description. O Belle, I want to go!"

"I believe, Barbara, you delight in hard things. I wish I were like you. Why mother would take a conipation fit if I were to ever mention social service work."

But while Barbara held the loyal admiration of many of the nurses, those influenced by Dot Lee held aloof in an attitude of suspicion. To a person of Barbara's sensitive nature, it hurt deeply. On the other hand, her own common sense told her that the true reason for Dot's actions was her friendship with Nurse Doran.

"I think I shall try that prescription on her own sweet self," laughed Barbara one day as she talked the matter over with Belle. Then, seriously, she added: "I may yet win back her friendship. I like Dot, but the trouble is she won't try to understand."

But the busy days left little time for worry in Barbara's mind. The Christmas spirit had taken hold of her, and she was going to make it the best Christmas she had ever known. She had been off duty the previous year; it was now her turn to work all day, and she would make the day count. The hospital Alumni were to give a Christmas tree to the needy of the town. The corridors would have to have their usual trimmings of bunting and evergreen, and Barbara smiled as she thought of the brightening faces of the patients as they revelled in the festive gaiety of the decorated walls.

Two days before Christmas the joyous anticipation was at its height. Everybody seemed to be in a hurry. Even a gathering snow storm whirled itself into activity, piling snow ridges everywhere and forcing the eddying flakes into inconceivable crevices. Thus, when Barbara passed through the hallway for 'hours off', she was not at all surprised when the outer door of the nurses' apartment uncerimoniously opened, and the wind blew in a diminutive individual, looking like a miniature snow-drift. Bright blue eyes sparkled up at Barbara from underneath

the black bonnet, and as she hesitated to catch her breath, she dropped a worn travelling bag from her benumbed fingers and asked: "Is this the nurses' home? I want Miss Betty Brown—that is if it is possible to see her. Betty is a new girl in training and I'm her aunt."

"I'm happy to meet you," said Barbara with a smile. "Quite a blustery day, isn't it? Come over near the grate and get warm, Mrs. —"

"No; Miss, if you please, Miss Brown."

"All right, Miss Brown. I'll just enquire after Betty." So saying, she went to the telephone.

"No; Miss Brown will not be off duty for an hour yet," came the answer.

"O well, I can just wait here," offered the new-comer with a merry little laugh. "You see, Betty wrote saying that she would have to work all day on Christmas, and so I thought I would take a run up and surprise her. I had some little frivolities for her, and of course one can never trust the mail service: they would be sure to go astray. But the trains are cold on the feet, aren't they? I'm right glad to be by a fire."

Barbara longed to hug the happy face, the form, and bag of frivolities as well. O, to have an aunt like that! But such aunts musn't be cold. Without one thought of rule-breaking, she hurried back to the kitchen, and in a few moments returned bearing a tray on which was hot tea and a biscuit or two.

"Now, Miss Brown, drink that, and you will be warm in a moment!" The two talked merrily, then back went Barbara with the dishes to the nearest diet kitchen.

"I presume the lady's been having afternoon tea," came a voice from behind her.

Barbara turned. "O hello Dot! Had your hours off? Did you notice the dear little lady in the waiting room? She has just come from the train and has to wait an hour before she can see Miss Brown: so I gave her a cup of tea."

"Regardless of rules, eh?"

"To tell you the truth, Dot, I did not think of rules. The little woman was chilled, and I don't think for moment Miss Ellerton would mind."

"You must be especially favored by Miss Ellerton. First, its serving luncheon to Mistress Doran and Mr. Clayton, then—"

Barbara looked at her in amazement.

"Behold your sins will find you out," she continued glibly, and stray sandwiches will fall on the floor sometimes, you know."

"Well Dot," came the emphatic reply, "if you have a worth-while complaint to make, I have a worth-while account to give."

She replaced the dishes and went back to her room. A feeling of depression had suddenly overshadowed her, and despite her efforts, not



even the pleasure of the evening's Christmas tree could quite dispel it. Instinctively, she and Dot avoided each other, and that in itself was most unpleasant; but to have to lose one's faith in a friend was still more unpromising.

However, the festivities proved a grand success, and that was something to be glad about. Then those two bright blue eyes of Betty Brown's aunt kept smiling into her memory, and it really wasn't very hard after all to forget a disappointment when two such merry eyes irradiated the last waking hours of a busy day and wove their brightness into pleasant dreams of a quiet night.

The next day Barbara received her orders. "Day duty, seven to seven, relieving nurse Murray."

"Hooray!" cheered Barbara, as she tossed her slipper high in the air where it descended on the head of Belle as she bent over her suit case "You can pack and go home if you like. I really don't care. Just think, Belle, I'm to be boss, and all the Dot Lees in the hospital can't dictate to me. Then in the evening—guess where I'm invited?"

"McDougal's?"

"Nope!"

"Smith's?"

"It's not there."

"Thornton's?"

"Guess again."

"Mark Clayton's?"

"Righto! Mark's mother is giving an evening and Christmas tree for Kate, and I'm invited. Kate's taking all my parcels to be opened there. How's that for a merry Christmas?"

"I wish I could take you with me," was Belle's wistful reply.

Nevertheless, six a.m. Christmas morning Barbara hopped out of bed and immediately projected her head out of the window. The pale moon and stars were shining in their blue zenith in prophecy of a bright day. Here and there in the distance the houses were coming to life, and for a moment the old longing for home and mother stole over her. The cold, snappy air, however, caught her breath, and as the wind playfully tossed some loose snow in her face, she bobbed her head in and closed the window.

Promptly at seven, in a crisp blue and white uniform, she presented herself at the main office. As she entered, the sleek head of Henry made itself visible above a pile of parcels of every conceivable shape and size.

"Merry Christmas, Henry! I thought you would be taking a holiday?" she exclaimed.

"This 'ere 'orsbital could 'ardly do without me could hit, with all these parcels a blowin' in on one delivery? In old London, in England, where I come from, there's never all this fussin' about Christmas. True, we 'ave 'olly decorations, but we just top hit off with bully beef and a plum puddin' and the day's hover."

"Now, Henry, you know very well you would not miss playing Santa Claus this morning for a great deal."

"O well, Miss, hit does bring hits pleasure, hit does."

Just as Barbara expected, her duties consisted of inspecting every ward in the hospital to see that everybody was made as comfortable and happy as possible, and she went her way with a prayer in her heart and a 'Merry Christmas' on her lips.

As the red-gold of a sunny day broke through the dawn, the hospital wakened to activity. Propped-up patients eagerly unwrapped mysterious parcels, while others lay with glistening eyes under the spell of the Christmas carols which were being sung by various town choirs. Everybody seemed happy; and yet there were those who carried lonely hearts under the mask of smiling faces. First-year nurses who had never been away from home surroundings before; these Barbara thought of, and many a sly squeeze of the hand or pat on the shoulder made them to feel that she understood. There were others, too, that found it hard to mask their faces against hidden sorrow. Upon one such did Barbara happen about noon time. As she opened the door of a small private ward, a motherly old lady with two very bright roses in her bonnet, which oddly contrasted the tears on her cheeks, was watching intently the face of a quiet form on the bed. Instantly the 'Merry Christmas' died on Barbara's lips.

"How's the sick man to-day?" she enquired kindly.

"O I don't know. I'm afraid my husband is not so well;" and seeing in Barbara a sympathetic listener, she added: "I don't know how I can bear to let him go, seeing we have only got each other."

Barbara bent over the sleeping form. "Respiration fair: pulse fair: O I wouldn't feel too badly about it. You see he needs sleep, and no doubt he will sleep for hours. That will give him strength and he will be more normal again. I assure you there is no immediate danger." Then, turning abruptly, she questioned, "have you had any dinner?"

"Why no; I didn't know it was dinner time, and anyway I'm not hungry."

"No dinner on Christmas day?" exclaimed Barbara, "why (that would never do. Just you wait a moment and I'll attend to that." And she left the woman bewildered as to her meaning, for in her sorrow she had for the time forgotten that it was Christmas day.

As Barbara entered the diet kitchen the nurses were returning the dinner trays and commenting gaily on the one which they considered most prettily prepared.

"Who is in charge of room ten? Oh is it you, Miss Nelson? Well there's an elderly woman up there who has actually forgotten that it is Christmas, and she hasn't had any dinner. See that a tray is made up and bring it to her." But noticing the pert features of Nurse Nelson take on a sharper expression, she remembered that that lady was an admirer of Dot Lee. Fearing unpleasantness, she added, "never mind, I'll attend to it myself. I guess you are busy enough."



Picking up a tray, she then proceeded to fill it with dainties. There was turkey, plum pudding, a miniature Santa Claus filled with candies, a cracker, and some nuts. Then, plunging into her deep pocket, she drew out a gaily wrapped package of handkerchiefs which she had placed there for just such an emergency. All were laid on the tray. "Now where's the holly?" she asked exultantly. "She has two red roses in her bonnet; that shows she has a love for bright things." She snipped a piece with plenty of berries and added it as the last touch. "Now, isn't that fit for a queen?" she laughed. And, with the exception of junior Nurse Nelson, they all admired it openly.

"I believe it's the prize tray of the day," exclaimed one.

Then, as Barbara left the room, timid Betty Brown spoke up. "I think Miss McLean really loves old ladies." Then, in another breath, "wouldn't it be lovely if she were our super. every day?"

But Miss Nelson only bit her lips and in an undertone remarked that she wished Miss McLean would keep her superior fingers off her wards. Happily for Barbara, she did not hear the remark, and the day passed without a mar on her happiness. The homelike influence of the evening at Clayton's capped the climax of a perfect Christmas day, but the one incident among the many that left the deepest joy was the mental picture of the motherly soul who viewed life from a brighter aspect under the influence of a turkey dinner and a kindly word.

## CHAPTER VI.

If there is one thing more than another that students in any walk of life try hardest to avoid, it is having to 'walk the carpet'. And when a few weeks later Barbara was sought out by the supervisor with the summons, "Miss Ellerton wishes to see you at her office," she was conscious of a nervous chill passing over her. But, with that command which comes from rigid training, no trace of it could be detected as she answered, "Thank you, Miss Burton, I shall go at once."

And along the corridor and down two flights of stairs she walked in puzzled thought. Surely Dot could not have—no, she was sure that Dot with all her faults would not stoop to such a thing. Perhaps she had made a mistake somewhere. There was one thing certain, in all events Miss Ellerton would be just, and she would have to bear the consequences whatever they might be.

A sweet-faced gentle woman, with silvery hair, looked up from her desk as Barbara entered. Loosely clasping her hands, she rested them on the ledger over which she had been working.

"Miss McLean," she exclaimed, "I have some peculiar charges made against you, which I feel need an explanation. There has been a complaint that not only have you and Mrs. Doran served tea in the living room against rules, but you have also at times served meals to strangers here in hospital without permission, and all under the pretense that I gave you the privilege. I have been speaking with Mrs. Doran,

and she acknowledged having served refreshments once, but other than that I could get no satisfaction from her."

Barbara met the kindly gaze of the matron frankly and without hesitation. "Miss Ellerton, Nurse Doran has never served tea in the living room; it was I who did it. May I explain?"

The matron nodded assent, and Barbara, forgetting everything save the little red-headed widow, started from the beginning and gave a terse graphic account of how she was shunned; of the night's experience in the nursery; and how Barbara had made up her mind to become her friend; then of how as time past the full story of the widow's life was told her. With tears in her eyes, Barbara repeated the story of the husband's call to the Great Fight; of the ultimate supreme sacrifice; of the two kiddies left fatherless; and the influenza epidemic, which first took the eldest, a bonnie boy of four years; then the heart-breaking agonies as her baby of three months was laid away; and how death of the child in the nursery made her live over again the fateful night in her own life.

"Left with a small income," continued Barbara, "she chose to train in our hospital, and that training has meant the strictest economy and sacrifice."

Then Barbara frankly confessed how at the end of the long dreary day she had taken advantage of an empty house and had served tea to Mrs. Doran and her friend. As Barbara finished, the matron, with thoughtful face resting on one hand, asked; "Is that the only time you have disobeyed rules, Miss McLean?"

"No, Miss Ellerton; I served a cup of coffee to Miss Brown's aunt. The little lady was badly chilled and had to wait one hour to see Miss Betty. Then I served Christmas dinner to an elderly lady who sat weeping beside her sick husband, quite forgetful of it being Christmas day. I thought it would help our patient to put up a better fight, if he knew his wife had not been neglected."

Miss Ellerton's face was a study as she stared intently into space. Here was a peculiar confession indeed. A senior nurse risking honors for the good of others. And yet, there was the constitution; those breaking rules must lose honor marks. Her own experience had taught her that many times rules had been broken which had not come to her notice. Inwardly she detested the spirit of tattling; yet the rules were inexorable.

"You know the result of breaking rules?" she asked.

"I am not working for honors, Miss Ellerton; I am working for my patients and the good of humanity."

"Very well, you may return to duty."

When Barbara's eyes caught sight of the motto-bedecked beds that evening, her first impulse was to rip them off and throw them into the waste-paper basket, but luckily her sense of humor prevailed. "Well," she nodded emphatically, "you two innocent-looking things have been the means of thrusting me into a peck of trouble. Quite a disreputable ending for a senior missionary nurse, isn't it?"



She was standing with her arms folded, when Kate bounced into the room.

"Well," demanded the intruder, "what did Miss Ellerton say? Now don't try to wriggle out of it. I know you had to face the music, so out with it!"

"Why Kate," laughed Barbara, "you look as mad as the proverbial hatter."

"Well, I am—mad, madder, maddest! It makes me tired. Can't do a thing without somebody snooping round and tattling. Twice last month Dot Lee and her followers climbed up the back verandah after eleven o'clock! They have tea-parties and the dear only knows what in their rooms, and they get away with it. Then, just because I disobey once, it means losing honors not only for myself, but you, too. I'm a nuisance to everybody," she added vehemently; "I feel like running away!"

"And where would you run to?" asked Barbara demurely.

"O I guess I can marry Mark a few months earlier, for all it counts—"

Barbara's attitude changed immediately. "I think you had better come down off your dignity," she advised. "I think one experience in your life would prove sufficient to teach you the value of having a life work at the back of you. And anyway, Mark Clayton is a gentleman, and no gentleman would marry a girl four months before her graduation. On the other hand," she added, "where's the money coming from?"

Barbara knew her words cut deep, but they sufficed to bring Kate to sane ground again.

"O Barbara," she answered more quietly, "I know you're right, but how can I face graduation, knowing I have been the means of losing your honor marks as well as my own?"

"O don't, Kate; you know I broke the rules twice besides that, and we've got to pay the penalty. 'A 'orsbital is a 'orsbital, and we must hobey hits laws, you know'. Anyway, Kate, why need we worry when you'll be married at all events, and I'll be away in Africa? I don't suppose the natives will give a hoot about my honors, providing I can but cure their ills."

## CHAPTER VII.

Busily flew the weeks, yet to Barbara they brought many exceedingly trying days. Dot Lee had taken on an attitude of self-complacency which irritated beyond measure. But ever did Barbara faithfully keep before her the prescription which Dot so satirically gave, and many a time kept her temper when otherwise she would have failed. On the other hand, Dot was equally puzzled over Barbara's attitude, and secretly admired the plucky way in which Barbara handled her when she knew she was most annoying.

The most trying of all days, however, and the one which fate seemed to make cruellest, was the day the graduation calendar came fresh from the printer's hands, and was distributed throughout the hospital.

Barbara knew that Dot was in line for a scholarship, and she thought she had braved herself for the occasion; but when she caught sight of Dot Lee's name heading the list in General Proficiency, her whole soul burned with indignation. She worked on in a daze, answering the surprised questions of the visiting doctors, she knew not how. Safely locked in her room, however, she gave vent to a spasm of bitter tears which brought relief to her overwrought mind, and, as usual, her common sense prevailed.

"Hm!" she scolded, "wasting tears over a scholarship. Barbara McLean, you know very well you're ashamed of yourself!"

Then, tap, tap, once at the door. Barbara failed to answer. Tap, tap, came again, and the door handle rattled. "It's me, Barbara," came Kate's voice. "I've something to tell you, quick!"

Barbara hastily dried her eyes and, pinning back the stray locks of hair which had become loosened, opened the door to admit Kate, then closed and locked it again.

"Why, Barbara, what's the matter? You've been crying!" exclaimed Kate.

"O I know I'm foolish, but I just got vexed when I saw Dot's name heading the list. And look at you, you're not minding in the least."

"O I was annoyed at First, Barbara, but look at this letter I've just received. I'm positively stunned!"

Barbara read:

"Dear Madam: As solicitor to the late Michael O'Regan, I beg to advise that he has bequeathed to you the sum of \$300.00, which I enclose herewith . . . . ."

"Lucky!" exclaimed Barbara. "Who's the wonderful donor!"

"Michael O'Regan? why he was Mickey's god-father. Called Mickey after him. A funny old fellow—awfully good of him to remember me so opportunely."

"Why that will just buy your trousseau," mused Barbara, quite forgetful of her own trouble. "Mark's mother still insists on you living with her? Well, there it is: Suit, \$85.00; hat, \$15.00; boots, \$10.00; dress, \$35.00; and still over a hundred for odd things—"

"Do you really think," queried Kate, "that it would be possible for me to get married on graduation day? Mark has always wanted me to, but I thought I would have to work a few months first in order to earn some money."

"Why sure!" came the enthusiastic reply. "As soon as the graduation is over, you and Mark can escape to the church and catch that 6:15 train to Toronto, and from there on to wherever you like."

"All very well with the exception of one thing," broke in Kate.

"What's that?"

"You've got to be my bridesmaid. It won't take long, and you can be back in time for the fun at night."

"Great! What shall I wear? What color will your suit be?" and together, honors forgotten, they plunged into the glories of the clothes question.



From then on, Barbara was so busy with wedding arrangements she had little thought for bitterness, and when the gala day arrived, Belle laughingly chided her for being more enthusiastic over her duties as bridesmaid than her graduation.

The faculty had been working hand in hand with the nurses to make the day of days a memorable one, and Mother Nature, her heart atune to glad things, stood guard over a cloudless day.

The side lawn, with its wealth of shrubs, was trimmed to a nicety. Gaily colored lanterns hung from the trees, under which tables were spread with festive delicacies. White-garbed nurses flitted here and there arranging the final details, while Henry, that staid hospital official, nodded his approval of the finished work. How could anything come to the point of perfection without his final inspection anyway? Dressed in his English tweed, with fawn spats containing one odd black button on the left spat which uniquely matched his perpendicularly left eyebrow, he made a striking figure for so ostentatious a position. Finally satisfied that everything was at its best, he placed a pink rose in his buttonhole, and made his way to the main entrance of the hospital, there with due ceremony to usher the now arriving guests to the flower-bedecked assembly hall.

In the nurses' apartment all was excitement as the last touches were added to the already lengthy toilet.

"Now, Barbara, where are your flowers? It's just about 2:30," cried Belle.

"Just a minute. I wonder now if I have everything right ready." And carefully she went over the garments laid out on the bed. "I don't think I have forgotten anything. Did you put the confetti down stairs where the girls could get it quickly?"

"Surely! Everything infinitesimal thing is ready, so come along quick. Here, let me fix your flowers. You've pinned them on crooked." And the flowers adjusted, the two went down stairs where the other nurses had gathered.

But Kate rushed up to them, her eyes shining as Barbara had never seen them shine before. "O Barbara, there is the most beautiful basket of red roses just arrived for you. Come quickly, we'll have time!" And she dragged Barbara, while Belle followed, to the alcove where the graduation flowers were on display.

"How exquisite!" cried Belle, as she watched Barbara nervously untie the white ribbon and open a tiny envelope.

"Congratulations, from Betty Brown's aunt," she read in amazement. Then, scanning the first page, she breathlessly announced, "well isn't she a dear! Girls, Miss Brown has invited me to spend a week of rest with her before making by preparations for Africa."

"And you're going?" demanded the girls.

"You just bet I'm going. I want to find the secret of those two happy blue eyes."

The piano started, and with a rush the girls fell into line. A hush

fell on the crowded assembly as Miss Ellerton, in a neat black uniform, relieved by a corsage bouquet of red roses, proudly led the procession to the front seats reserved for them. And she had every reason to feel proud, for that procession stood for all the highest and best in womanhood.

On they came. First the juniors and intermediates in their blue and white uniforms, each class led by its supervising nurse; then the graduating class in their white uniforms and black-banded caps with corsage bouquets of red roses; then the chairman, the speaker, and the prize donors. The music stopped, and the programme began, but Barbara's mind was not there. Rather was it on the little pink envelope pinned in her bosom; and she found herself wondering what Miss Brown's house would be like, and how charming it would be to visit her. Half-conscious, she stirred herself while the speaker was addressing the graduation class. 'He that is greatest among you shall be servant—' Yes, that was the text the speaker spoke from on the night of the alumni meeting, and it was that text that made her decision so clear. After all it would be hard to leave all her friends.

With a jerk, she brought her mind to attention. If she was not careful her name would be called out and she would not hear it. Superintendent Mooney had taken his place on the platform and was about to present the diplomas and pins, and so, by the time he reached the alphabetical letter M, Barbara was fully alert, and was conscious of a flush suffusing her face, as, walking to the platform, Miss Ellerton bestowed on her one of her rare sweet smiles.

Then came the presentation of scholarships and prizes, and Barbara, her hand pressing the little pink envelope, saw Dot Lee ascend the platform steps. Kate and Belle both looked at her, but the quiet countenance assured them that her heart was at peace.

Belle was the last one to be presented with a set of books for highest marks in anatomy, and when she returned, Barbara became so busy examining them, she did not notice the pause nor the twinkle that showed above old Dr. Jones' glasses as he rose to his feet. But his voice brought all to attention, as with a chuckle he announced:

"You know, friends, I am not noted as a speech-maker, but when it comes to presenting prizes, I'm Johnny on the spot. As has been said by our honorable speaker, the young ladies before us have all chosen the path of service, and to-day they will be scattered abroad, working out the ideals of this institution wherever they go. This hospital always honors service, but above all does it honor difficult service; and to-day the faculty of this hospital are desirous of wishing God-speed to the one who is to be the first representative of this institution in Africa. I would therefore ask Miss McLean to come forward and accept this small token of the faculty's good wishes and prayers for her and her work."

Barbara sat numb, and it took several nudges from Belle before she rose and went forward. Amid applause, she went to the platform, while Dr. Jones handed her a gold wrist watch, from the engraved back of



which he read: "In token of the esteem of the faculty of the Victoria Hospital. Not for honors, but for the love of humanity."

It was a sincere gathering of admirers and friends that surrounded Barbara on the lawn afterward, but finally, with Belle's aid, she managed to escape with Nurse Doran to their own room.

"Where did Mark go? I didn't see him," enquired Barbara.

"O yes you did. He was the first to congratulate you. He's on the lawn with the other folks," said Kate. "By the way, Belle, where's my bouquet. I thought you were to bring it up."

"I decided to leave it there for everybody to see. You can go down that way and I'll get it for you."

So, with Belle's assistance, the bride and her attendant were made ready and were about to return for the flowers when Miss Ellerton came upon them.

"Girls," she said kindly, "we cannot think of allowing a bride to leave the hospital in this cold fashion. There's a special table prepared in the garden; you must have some refreshments before going." Then, with a laugh at Kate's protestation, she explained, "we have already captured Mr. Clayton and your friends; they are there waiting."

So, with her graduation-bridal bouquet, Kate, a picture of simplicity and loveliness, nervously passed out to the lawn, where she and Mark were showered with kindly congratulations.

At last, a well-groomed gentleman pushed his way through the crowd and tapped Mark on the shoulder: "I say, old boy, you'll be late if you're not careful."

"Come along, then, Kitty," laughed Mark; "the parson will think we've changed our minds if we don't hurry. The groomsman then sought Barbara, and together the bridal party made their way under a shower of confetti to the waiting autos.

The festivities had come to an end. Day was slumbering soundly under her starry blanket. Soliloquy had come forth in her misty gown to seek entertainment of the sleepless ones. Silently she stood by the bedside of the winner of the Victorian Hospital Scholarship and listened with interest. "My training is over," came the confidential whisper; "I have received the scholarship; but after all it only counts for bare marks and stern figures. Mine were not honors, they were merely marks. Barbara McLean won the honors. I guess she deserved them, too, for she took that lonely, homely girl and made a beautiful woman of her. Study came easy for me: she delighted in hard things. She holds some secret to her life."

Then came soliloquy's quiet advice. "Dot, why don't you go to her and find out?"

In another room of the nurses' apartment a beautiful girl with happy tears in her eyes sat on the side of her bed, holding a tiny watch in her hand. The case was open, and her eyes were fixed on two engraved mottoes, 'Ora et Labora' and 'Noblesse Oblige'. She, too, was entertaining soliloquy. "You two innocent little mottoes brought me a

peck of trouble, but O, you've brought me much more joy. I'm glad, now, that Dot prescribed them."

"Then why don't you tell her what they meant to you?" suggested her unseen guest. And a happy smile and benign nod was the answer.

Gathering her robes about her, Soliloquy bade her sweet sleep, and, as the clock's hollow ring sounded out the hour of midnight, she entered a sparsely furnished bed-room, where Henry, wearied after the busy day, jerked off his collar and neck tie.

"This 'ere world is a bloomin' funny world," she heard him say. "A red-headed nurse that nobody's taken notice of grows pretty hall of a sudden, hand goes and gets a fine, decent chap, and 'ere are hall our 'orsbital doctors lettin' a beautiful lady like Miss McLean bury 'erself in Hafrica. Gad! but I can't hunderstand this 'ere 'orsbital, or this 'ere world either."

The End.



### CHRISTMAS

"The earth has grown old with its burden of care,  
But at Christmas it always is young;  
The heart of the jewel burns lustrous and fair,  
And its soul, full of music, breaks forth on the air  
When the song of the angels is sung.

It is coming, Old Earth, it is coming to-night!  
On the snowflakes which cover the sod.  
The feet of the Christ-child fall gentle and white,  
And the voice of the Christ-child tells out with delight  
That mankind are the children of God!

On the sad and the lonely, the wretched and poor,  
That voice of the Christ-child shall fall,  
And to every blind wanderer open the doors  
Of a hope that he dared not to dream of before,  
With a sunshine of welcome for all.

The feet of the humblest may walk in the field  
Where the feet of the holiest have trod;  
This, this is the marvels to mortals revealed,  
When the silvery trumpets of Christmas have pealed  
That mankind are the children of God."

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The above lines are the Christmas thoughts of Phillips Brooks. For many years he stood as one of the highest exponents of the Christ life—one who showed by his daily walk how the prophetic priestly function must be carried into all human living, if humanity is ever to become the child of God. It was he who said that "The man who sees the whole of life must be an optimist."



## Emergency Nursing in Ontario

The recent fire in Northern Ontario put into motion all organizations equipped for emergency work. Immediately news of the disaster reached the officials of the Ontario Red Cross, the services of the Division were placed at the disposal of the Provincial Government. The second step was to call the nurses who had enrolled for the Red Cross Emergency Service.

Great was my surprise, on answering the telephone at 8:30 a.m. on the morning of October 5th, to be told I must be ready to leave for Northern Ontario in an hour and a-half's time. Hastily I threw a few personal belongings into a bag, hurried to the Ontario Red Cross offices for orders, was given a Red Cross Emergency Organization kit, and arrived at the Union Station to find that a special relief train had been arranged for.



Parcels of clothing leaving Toronto Red Cross warehouse for shipment to fire sufferers of Northern Ontario.

This train had several baggage cars, which were being loaded with tents, blankets, clothing, and stores of food. Such action had been possible through the co-operation of the Government, the Militia Department, the transportation companies, some large business firms in Toronto, and the Northern Ontario Fire Relief Committee. The latter is a body which has remained organized since the bush fire of 1916, and is representative of the Government, Boards of Trade, and the City Council of Toronto.

After some delay, the train started. One was reminded of the troop trains of war days, where questions were eagerly asked and little authentic information was obtainable. No one seemed quite sure as to the extent of this disaster, our destination, or what was most needed. One felt assured, however, that law and order would prevail, for a squad of twenty-three Provincial Police were on board. In addition, there was a representative of the Provincial Board of Health, the Director of the Ontario Red Cross, newspaper men, and one lonely nurse. However, I felt much better on being informed that a Provincial Public Health nurse would meet us before we reached our destination.

The Premier of Ontario joined the relief train at North Bay, and during the night a committee was formed to act in the emergency. The Director of the Ontario Red Cross was a member of this committee. He was placed in charge of the medical and nursing service, and was assigned the duty of organizing the distribution of clothing and instituting a system of records to ascertain the needs and loss of each individual or family.



Fire sufferers awaiting registration and supplies. The writing on the bulletin board says—"All fire sufferers must register upstairs." The Canadian Red Cross Emergency Relief forms were used for all registrations.

On our arrival at Cobalt we were informed that nurses were not needed at the moment in the more southern part of the fire-stricken area, so we remained on the relief train until we reached Englehart, and from there motored eight miles to Charlton.

It was a cold, damp, raw day, with a few snow-flurries. Never shall I forget my first impression of that devastated fire-swept area. I could not believe that only two days previously Charlton had been a thriving town of over one hundred homes. To-day nothing remained on that flat, charred, blackened ground but a few kitchen stoves, the only thing that had been able to withstand the fierce heat of those tongues of flame.



Fortunately, on the outskirts of that settlement the agricultural hall, a small frame building, had escaped destruction, as well as a small section house by the railway track. In these buildings we found housed a large number of people, thankful to be under cover, even though the floor was their only bed. They lacked practically all the necessities of life. Every farm house in the outlying district was filled to over-flowing—one moderately-sized home sheltering fifteen families!

There were thrilling tales of how this individual and that escaped from the pursuing flames; of many families who were forced to take refuge in the lake, holding wet blankets over the children to protect them from the rain of cinders; of great discomfort and exposure to cold the night following the fire, when no blankets were available and many could not find shelter from the cold night breeze.

And yet no one grumbled! ! !

Space will not permit me to tell the details of each day's work; how the supplies from the relief train were issued to local committees which had been formed at strategic points along the line of the Temiskaming and Northern Ontario Railway; how these committees in turn located the fire-sufferers with the help of the Provincial Police, met their most pressing needs and recorded their losses; how the local organizations of women found shelter for the homeless, distributed the clothing, and fed the hungry.

In the midst of this activity, the nurses fitted in where they were most needed, visiting the sick, nursing the emergency maternity cases, and helping with the distribution of supplies. The nurses were stationed at the different centres in the fire area. The Provincial Department of Health had a staff of six, and the Ontario Red Cross had eleven Public Health nurses in the field. The patients needing nursing care were the first consideration, but there was surprisingly little sickness, and few people suffered from burns except those who were being cared for in the New Liskard and Cobalt Hospitals.

In addition to bedside care, the nurses of the Provincial Department made a detailed medical survey of the district, while the Red Cross nurses, first in the clothing depot, and later in the fire sufferers' temporary homes, obtained valuable records of the families and their needs. These family histories have been of service to the local committees responsible for the distribution of supplies, and will be of great value as a contribution to the history of disaster relief.

A further development of the Red Cross Nursing Service has been the establishment of a Nursing Outpost at Englehart, the centre of a large farming area which suffered extensively in the recent disaster. Without such a Nursing Outpost it would be practically impossible to give proper nursing care to any patient living in the congested quarters, which will be inevitable in that district this winter.

The first emergency has been met; food, shelter, and clothing have been provided, shacks have sprung up with miraculous speed, and old

street cars have been transformed into one-roomed apartments. Now the stage of rehabilitation has commenced.

This whole experience has undoubtedly emphasized the great need of preparedness for emergency.

(Signed) A RED CROSS NURSE.

The illustrations used in this article are reprinted by courtesy of the *Toronto Globe*.



### The Student Christian Conference

The Student Christian Conference for the Central Provinces was held at Elgin House, Muskoka, September 18th to 25th. There were present at this Conference students from all the universities and colleges in Ontario and Quebec, with representatives from the Maritime and Western Provinces. Among the delegations was one of eleven nurses, three from the Hamilton General Hospital and eight from the Toronto General Hospital, four of whom were representatives of the Training School. Also members of the Conference were university professors, ministers of different denominations and leaders from various spheres of life—all of whom gave most liberally of their time and advice to any student seeking help.

Before describing the activities of the Conference, it might be well to state what the Student Christian Movement is, and what is its aim. Quoting from the Canadian Student magazine of March, 1922:—“The Student Christian Movement is a fellowship of students based on the conviction that in Jesus Christ are found the supreme revelation of God and the means to the full realization of life. The Movement seeks through study, prayer, service and other means to understand and follow Jesus Christ, and to unite in its fellowship all the students of the Colleges of Canada who share the above conviction, together with all students who are willing to test the truth of the conviction upon which the movement is founded.”

Each day began at 9 a.m. with intercession, followed immediately by Bible study, which was conducted in small groups under separate leaders. These groups were the most important event of the day, and, strange as it may seem to some, were extremely interesting. To those who have taken the opportunity of Bible study, it is amazing to see how many people treat such a wonderful collection of literature with uninterested familiarity, perhaps memorizing parts that have special appeal, but dismissing the whole as unworthy of any real thought or attention. At Elgin House the members of the groups found that they had much in common in their search for truth with the people of Bible days, and that the practical application of the teachings and principles of the Carpenter of Nazareth is the only way of solving present day problems.



Next in importance to the Bible discussions was the consideration of international questions, and one of the first facts shown was that world brotherhood could only appear as the result of honest effort to make the highest principles of personal life those of national life. The various phases of internationalism were introduced by speakers who had intimate knowledge of affairs. For discussion purposes groups were formed, and in them internationalism in its relationship to the student, the state, the races, religion and industry was considered, the student being privileged to hear the opinions and experiences of such people as Mr. Roberts, Canadian Secretary of the League of Nations; Professor Wrong, of University of Toronto; Mr. Woodsworth, M.P.; Dr. Chone Oliver, of India; Mr. Jolliffe, of West China; Miss Margaret Wrong, who spent last year in Europe as Secretary of the Women's Student Christian Federation, and many others. If internationalism had only been a word in the minds of many at the beginning of the Conference, at the close most felt it to be a matter of personal responsibility, challenging the best in them.

The greater part of the afternoons was free from any set programme, and the Conference had an opportunity of enjoying glorious September days on Lake Joseph, which proved to be one of the best means of relaxation and preparation for the platform meeting at nights. These meetings were full of inspiration and interest, and from the first night when Dr. R. Roberts rather startled the Conference by his statement—"Humanity has struck its tents and has nowhere to go"—until the last night when Mr. D. Kitchum talked on the Cost of Discipleship, the student mind was on the alert, recognizing his responsibility and his opportunity for service.

Before the evening meetings, the various delegations met separately to consider problems relating to their own groups and to make plans for the coming year. The nursing delegation had most interesting discussions, and much thought was given as to the best way of carrying the spirit of the Student Christian Movement back to the Hospital and making it practical in the busy every-day life. All the difficulties of long working hours, short recreation hours, physical weariness which the work produces, lack of time and opportunity for study, were brought up, but most of the delegation realized that if the members of the nursing profession were to take their places as worth while citizens in the community, the desire to make the most of life should be great enough to overcome these difficulties. In the Hamilton General and Toronto General Hospitals during the coming winter, groups will meet for Bible study,—the keynote of these groups, as of the whole Student Christian Movement, is fellowship, and it is in that spirit that unitedly the nurses of Canada will be able to make their biggest contributions to the bringing in of the Kingdom of God on earth.

ETHEL S. FENWICK.

## **Annual Report of the Sixth Annual Meeting of the New Brunswick Association of Graduate Nurses**

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The sixth annual meeting of the New Brunswick Association of Graduate Nurses was held in the City Hall, Moncton. The meeting was called to order by the President at 2:30 p.m., 39 members being present.

After the Lord's prayer was said, the Mayor of Moncton, in a short address, cordially welcomed the nurses to the city. Miss McMaster, Vice-President of Moncton District, further addressed the nurses, welcoming the visiting ones on behalf of the local chapter and outlined an attractive programme of social activities. Miss F. J. Mitchell, of St. John, thanked Miss McMaster and her associates for their promise of hospitality and their welcome.

The minutes of the last annual meeting were read and stand as recorded.

The report of the Treasurer was presented and read by Miss Mitchell. The report showed an income of \$899.50. Expenditures of \$677.45, balance in bank \$222.05; appended was the Auditor's report. Moved and seconded that the reports be adopted. Carried.

Report of the Secretary was read by Miss Retallick. The report stated that the Council held thirteen executive meetings and one general during the year. A total of 268 members was enrolled. Moved and seconded that the report be adopted. Carried.

Miss Allie Burns read the report of the Corresponding Secretary, stating that over 300 letters were received and answered and 400 cards mailed. The Secretary stated that she regretted being unable to serve further. Moved and seconded that this report be adopted. Carried.

The report of the Board of Examiners was presented by Miss Retallick, stating that two examinations were held during the year, one in St. John in November and a second in Moncton the following May. Of thirty-five applicants, twenty-nine wrote the examinations, twenty-seven were successful. Moved and seconded that this report be adopted. Carried.

The report of the Registrar was read by Miss Allie Burns. Appended was the expense incurred in maintaining the Provincial Registry. Moved and seconded that this report be adopted. Carried.

The Minutes of the annual meeting of the Canadian National Association of Trained Nurses, held in Edmonton in June, were read by Miss Burns. Resolutions contained therein were taken up section by section and acted upon.

At 4 p.m. an instructive and interesting address on the "Evolution of Surgery" was delivered by Dr. Ferguson, of Moncton. Beginning from



the earliest evidences found in Egyptian history, the progress of surgery was traced onward through all its present developments. A standing vote of thanks was tendered Dr. Ferguson on behalf of the Association.

The second session of the sixth annual meeting of the New Brunswick Association of Graduate Nurses was called to order by the President, Miss Murdoch.

The minutes of the preceding meeting were read and adopted. This was followed by reports of Chapters of the Province, which reports brought forth a great deal of discussion relative to the work of the nursing profession of the Province, such as the Nurse Practice Act, Public Health Nursing, Registration Bill, and National War Memorial.

The meeting was fortunate in having Mrs. Hannington, Chief Superintendent of the Victorian Order of Nurses for Canada, who gave the session valuable information regarding the Nurse Practice Act, and the needs of some of the Prairie Provinces and the northern part of Ontario for some such service.

Later, Dr. Addy, of St. John, addressed the nurses on Cancer. This was greatly appreciated by all present.

The afternoon session was taken up with the election of officers and the finishing up of laid-over business.



### THE SPIRIT OF CHRISTMAS

Just at dawn, when you awaken,  
You feel sure you're not mistaken  
That a Christmas day is breaking fair and clear;  
For that brightness, you are certain,  
Which, diffused, steals through your curtain,  
Shines upon no other morning in the year.

There's a kindliness unspoken,  
Some sweet sense of peace unbroken,  
In the morning of a Christmas clear and fair,  
That surrounds your soul and fills it,  
And to childish rapture stills it,  
When you breathe the poignant, frosty Christmas air.

And divine I hold this feeling  
Through your spirit softly stealing  
On the music-laden air of Christmas morn;  
For it is the issue vaster  
In the teachings of the Master  
Who in Bethlehem on Christmas Day was born.

—Lionel Stevenson.

## Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,  
Curator of the Medical Museum, McGill University

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### LECTURE XI.

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(Continued from last month.)

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*During the Great War* the work of the Canadian Red Cross, both in the field, in England and at home, is acknowledged by all to have been excellent beyond praise. Both in its auxiliary hospitals (staffed with fully trained C.A.M.C. nurses and army medical service, but erected and equipped in whole or in part by the C.R.C.S.), its motor ambulances, transports, lorries and emergency equipment of all kinds, its cash contributions (amounting in December, 1919, to \$9,073,485), and its supplies, manufactured in all parts of the Dominion and sent forward in a continuous stream to hospitals in England and to all Canadian hospitals at the seat of war; last but not least, in its Enquiry Department or Information Bureau, overseas, for prisoners, casualties and missing, it rendered a magnificent service.

Among the hospitals in which the buildings and equipment were supplied in whole or in part by the Canadian Red Cross may be mentioned the familiar names of the Duchess of Connaught Canadian Red Cross Hospital at Taplow (opened in 1914); the King's Canadian Red Cross Convalescent Hospital at Bushey Park (opened in 1915); the Princess Patricia Canadian Red Cross Special Hospital at Ramsgate and Bexhill; the Canadian Red Cross Special Hospital at Buxton, (opened in 1915); and the Canadian Red Cross Officers' Hospital at the Petrograd Hotel (opened in 1918).

Among other activities, rest-homes were provided for nurses, first at Margate (which had, however, to be evacuated as coming within the war zone in England), then at London, and later, in April, 1918, at Boulogne. There being no provision for convalescent officers, a home was first opened in Canterbury; and subsequently a larger house was secured for this purpose at Moore Court near Sidmouth, which was in charge of Mrs. H. Yates and Lady Montagu Allan, both of Montreal. Recreation huts were erected and maintained at the various Canadian General Hospitals in France, chest wards at Nos. 1, 3 and 7, Canadian Generals, and a ward at the St. John Brigade Hospital at Etaples.

The Canadian Red Cross Information Bureau overseas was organized by the Commissioner under the immediate control of Lady Drummond. It was opened on February 11th, 1915, the day after the first Canadian contingent left for France. The bureau did a work of immense



importance for the sick or wounded from the personal or individual side. Through its Parcels Branch, under Mrs. Fraser, comforts and supplies were sent direct to soldiers in hospitals throughout Great Britain and Ireland. Its Prisoners of War Branch was under the immediate direction of Mrs. Rivers Buckley, assisted by Miss Jean Bovey, and to its activities Canadian prisoners scattered throughout Germany owe much for the prompt and regular delivery of food parcels. In addition to these activities and conducting enquiries for the missing, providing entertainment for convalescents in England, etc., its visitors were a very important adjunct to military hospital life, bringing to the patients that cheer and assistance in their personal affairs that can only be provided through devoted personal service from without. The mechanism of this Visitor Department of the Canadian Information Bureau extended throughout Great Britain to all points where Canadian wounded were received, new arrivals at any point being instantly reported to headquarters at London, and the information immediately communicated from there to the Special Visitors appointed locally for that particular district, who followed up the needs and desires of the patients with equal celerity and promptitude. The entire detail of this organization was in Lady Drummond's hands and was another of the special acts of service rendered by her during the war. A third activity of hers, which also deserves special mention here, and which found its parallel in many similar establishments in the exquisite homes of England, was the organization and conduct of the beautiful little convalescent home established by her early in 1915 at Lord Milner's country seat, Broad Oaks, in Kent, which carried on throughout the war and gave rest and refreshment to a succession of wounded of the Canadian Air Force officers. In all these activities Lady Drummond was ably assisted by a large band of efficient and devoted volunteer workers, among whom were included the Misses Bovey, Mona Prentiss, E. Kingman, B. Caverhill, L. Torrance, Marjorie Sutherland, and many others.

The first Canadian Red Cross Commissioner overseas was the late Colonel Jeffry Burland, who entered upon the work of the initial organization with great zeal and enthusiasm, but who unfortunately died at the height of his activity in October, 1914, soon after reaching England to undertake the duties of the post. He was succeeded by Colonel C. A. Hodgetts, C.M.G., who held office from that time until February, 1918, and thus had the honour and credit of conducting the work of the Canadian Red Cross overseas both during its initial stages and also during the height of its expansion. The work at the front in France was first carried on under the management of Capt. McLeod Moore, whose unobtrusive and devoted action contributed much to the success of the early organization of the Forward Area work. The work of the Society in the war area in France was placed by the Commissioner under the direction of Colonel Blaylock, C.B.E., Assistant Commissioner in France.

After organizing the work overseas and having general control of the same as Commissioner Overseas, Col. Hodgetts, C.M.G., M.D., resigned

on April 1st, 1918, and was succeeded by Col. Blaylock, he being succeeded in France by Major David Law, who was succeeded in December, 1918, by Major D. J. Murphy. The post of Assistant Commissioner in England was filled by Lady Drummond from April, 1918, until demobilization. She was the first woman to hold this important post in the history of the Canadian Red Cross.

The Society, besides its work amongst the Canadian sick and wounded, distributed large quantities of supplies and gave considerable sums of money to the Allies. For the purpose of more readily assisting the French hospitals, also, a large depot was established in Paris, and to this depot from five to ten thousand cases of supplies were sent each month, and from thence were forwarded all over France.

In the year 1916 the Charter of the Canadian Red Cross was revised to meet certain requirements for the organization of local branches and other inadequacies revealed under the high pressure of work during the great war. In August, 1919, a further amendment to the Act of Incorporation was granted by Act of Parliament, providing for the extension of its activities to the prevention of disease in time of peace, in accordance with the peace-time programme of the League of Red Cross Societies, of which the Canadian Red Cross is a member. This latter Act reads: "In time of peace or war, to carry on and assist in work for the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world."

(To Be Continued)



### GLAD TIDINGS

Bethlehem is the goal of man's weary march. Here we receive the gift of the Christ-Child, who is to become our Saviour from sin, our hope from despair and our life from the dead. The door of the stable opens into the pathway to the palace of the King. The humblest is the holiest place. The Child of Bethlehem's manger, the poorest and weakest on earth, one day will be King of the universe, crowned with many crowns. Angels are His attendants, wise men His worshippers. A new star is the finger pointing to His birthplace, the shepherds are His watchers and all the future His realm. The wonderful Christmas gift is yours if you will take Christ into your heart; but if the door to your being, like the inn, is closed against Him, if there is no room for Him in your darkened soul, you will suffer regret, disgrace and sorrow. The greatness of the Gift is indescribable, because with Him you have all other treasures—all other needs supplied. Human language fails to portray more than the fringe of His robes, the beginnings of His power, the touch of His fingers. The unspeakableness of His infinite love will ever invite the affectionate approach of His followers.



## Editorial



Once more the Editor takes great pleasure in wishing the subscribers and the readers of the *Canadian Nurse and Hospital Review* the Happiest Christmas possible. May the New Year bring us renewed energy and a broader viewpoint for the task Life sets before us.



### WAR MEMORIAL FUND

This December issue reaches all readers in the first week of the month, and the Editor thinks it might help the efforts of the women all over Canada who are striving to get together the funds for our Memorial for the Overseas Sisters if, through the magazine, a special appeal is made for contributions. It is the wish of the National Committee to have the funds all in hand by the end of the year, and that means hard work on the part of the various committees and a generous response on the part of those asked to contribute. Very, very few nurses have any idea of the amount of work that this collection for the fund has entailed—and, in practically every case, done by those nurses who are the busiest, proving again that it is the very busiest women who have always time for just one more effort. It will be a great satisfaction to these women if the New Year can show the work done and the sum allocated to the various provinces all in the treasury.



## Letter to The Editor



Dear Editor:—

Would you kindly inform me, through your columns of the *Canadian Nurse*, if there is any hospital where a graduate may obtain a course in "Hospital Management," also in "Instructor of Nurses."

I am aware it may be taken at either McGill College of Montreal or at Columbia College, New York.

Thanking you in anticipation,

I am, yours truly,

E. P. JOHNSTON, R.N.

# Public Health Nursing Department



## OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.  
 Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.  
 Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

### Nova Scotia

Miss Margaret McKenzie,  
 Department of Public Health,  
 Halifax.

### Manitoba

Miss Elsie J. Wilson,  
 798 Grosvenor Avenue,  
 Winnipeg, Manitoba.

### New Brunswick

Miss Sarah Brophy,  
 74 Carmarthen Street,  
 St. John, N.B.

### Saskatchewan

Miss Nora Armstrong,  
 City Health Department,  
 Regina, Sask.

### Quebec

Miss Lawrence,  
 207 St. Catherine St. West,  
 Montreal, Quebec.

### Alberta

Miss Elizabeth Clark,  
 Prov. Public Health Dept.,  
 Edmonton.

### Ontario

Miss Muriel Mackay,  
 190 University Avenue,  
 Toronto.

### British Columbia

Miss M. A. McLellan,  
 1883 Third Avenue, West,  
 Vancouver, B.C.

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## The Department of Public Health Nursing at the University of Toronto

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This department has entered the third year of its trial and, we are glad to report, a sustained interest in this work. Forty-five students are enrolled, the majority of whom belong to Ontario, but there are also representatives from other provinces. Again we have enrolled many Canadian nurses who have received their training in American hospitals, but who have shown their desire to return to Canada for post-graduate work as soon as this was made available.

Many a desirable candidate is faced with the sad fact that she cannot meet the entrance standard of the department, and this should lead us to urge all girls to finish their high school course before entering the hospital training school. Many nurses now bitterly regret the neglected opportunity of their school days, and might justly reproach the guardians who permitted them to leave school unnecessarily early. We take special delight in the occasional student who has triumphed over adverse circumstances. This is usually the case of a girl who has been forced to leave school at the age of fifteen or sixteen because she was needed at home, and when she had only covered one or two years of high school



work. Occasionally such a one has continued her studies under a tutor, has taken night school work, or in some way has reached the desired goal. Needless to say such a one makes a most desirable addition to the class.

The first classes in this department have set a high standard for their successors to follow. The nurses are already spoken of by their instructors as a group of students, intelligent, hard-working and keen to perhaps an unusual degree.



## School Nursing Organization in Saskatchewan

School health work in Saskatchewan is carried on by the School Hygiene Branch of the Department of Education. The aim of this branch is to develop health teaching as a regular subject of the school curriculum. This work was begun and a director appointed in April, 1917. The first year the director devoted almost her entire time to addressing public meetings in all parts of the province and to giving lectures in School Hygiene to the students in the Normal Schools. In 1918 two assistants were appointed and the work in the school rooms was begun. As the demand for the nurses' service grew, the staff was increased. At the present time fourteen nurses are engaged in this work, which is financed by the Provincial Government.

The nurse has as her territory one inspectoral division, during the summer months travelling by motor with the School Inspector, visiting the rural schools, and in the winter working along lines of railway in town and village schools. In the schools the nurses' work is three-fold: (1). To stimulate the teaching of Health Habits; (2). to inquire into and make recommendations concerning the hygienic condition of the school; (3). to examine the school children for physical defects and report her findings to the parents. Home calls are made as the special need arises. In cases where investigation proves the parents financially unable to provide medical attention for the children, the matter is reported to the Junior Red Cross Society and treatment secured. When the school nurse's report shows an urgent need of dental service, and where there are no resident dentists, the Junior Red Cross Society sends its dental cars in charge of graduate dentists to do the work. Health talks are given in each school, the making of health posters, rhymes, etc., is encouraged, and in every possible way the establishing of good health habits is stimulated.

In 1919, hygiene was placed as a compulsory subject on the school curriculum from Grade I. to Third Year High School. The texts of the Ritchie-Caldwell Series—Primer of Hygiene, Primer of Sanitation, Primer of Physiology and Human Physiology—are used as reference books by the teachers.

A member of the School Hygiene Staff is attached to the Staff of

the Normal Schools in Regina and Saskatoon. Her work is to supervise and advise the students in matter of health, to render first aid when necessary, and to make home calls as the illness of the students demands. She is also a fully qualified experienced teacher, and in her lecture course, throughout the term, instructs in personal and community hygiene, stressing the teaching of health habits in the grades, physiology, first aid and home nursing. Students are given a clear understanding of the Public Health Act, are taught to detect symptoms of communicable diseases, and their responsibility in the reporting of such diseases is stressed. They are given definite instruction regarding the hygienic conditions of class rooms, such as ventilation, lighting, cleanliness, desks, washing facilities, toilets, etc. School children are brought in and the students taught to detect in them the ordinary physical defects. Lectures are given in posture and corrective exercises are suggested. At the beginning of the term the nurse examines all students for physical defects, and a large percentage of them have these defects corrected before they leave the Normal School. Arrangement has been made with the Saskatchewan division of the Canadian Red Cross whereby any student requiring treatment of any kind, and whose finances will not permit it, may obtain the necessary amount, repaying the Society after he begins work in his school. It is therefore not necessary that any student leave the city handicapped by physical defects. Students so trained are impressed with the value of health and go out to be splendid health teachers in their schools. We feel that in this way the real work in health education is being done. It would be impossible to supply nurses to do the health teaching in the 4500 schools scattered over this large province, but teachers so trained take the message into even the most remote parts, and the reports received as to the work they are quietly doing is very gratifying indeed. One boy in a non-English district, far remote from medical aid, reports the prompt and complete isolation of a case of chicken-pox in which his instructions were so well carried out by the parents that no further cases developed. A young girl, also in a non-English district, visited every home carrying with her the necessary material to rid the children of vermin. Cases of defective vision, defective breathing, marked malnutrition and physical defects of all kinds are constantly being reported by the teachers to the Junior Red Cross for treatment. In fact, the school health problems are being worked out by the teachers in a quiet way which is not spectacular, but is productive of lasting results.

School Boards are co-operating to improve the condition of their school buildings. One school was reported in 1921 as "ideal," and in 1922 the school nurse has added, in a number of cases, to her report, "You have a well-kept, well-equipped school which requires but few changes to make it ideal."

In July of each year a course in Health Education, similar to the one given in the Normal School, is given at the University of Saskatchewan. This course is taught by members of the School Hygiene staff,



and special lectures are given on tuberculosis, diseases of the eye, etc., by medical men who are specialists in their own particular work.

A member of the School Hygiene staff accompanies the Better Farming train which tours the province in June of each year. An exhibit of up-to-date hygiene school equipment is arranged, and the nurse meets and discusses hygiene and school sanitation with numbers of interested parents and school trustees each day. Addresses are given at each town to the mothers on matters pertaining to the school child's health and to the children on habits of personal hygiene.

Exhibits of equipment are made at the summer fairs at Saskatoon and Regina and at the Annual Trustees' Convention. A nurse is present in each case to explain and discuss problems of school hygiene.

Addresses are delivered by members of the staff on health topics at the Teachers' and Trustees' Convention, at school fairs, at meetings of Homemakers' Clubs and Women Grain Growers' Associations, at which every effort is made to direct public opinion toward the conservation of the health of the school child.

During the year 1921, 1,199 schools were visited and 959 home calls were made. Of the number of children examined in these schools 9,806 received treatment as a direct result of the School Nurse's visit.

RUBY M. SIMPSON,

Director of School Hygiene,

Provincial Department of Education, Saskatchewan.

Read at the evening session of the Public Health Section of the C.N.A.T.N., Edmonton, June 20th, 1922.



### Popularizing Public Health Nursing

Nursing for the public welfare  
Means a work of three-fold effort:  
Education, brisk prevention,  
And the utmost skill at curing  
Sickness with resulting hardship.  
Josie Smith was ill with measles.  
Nurse was called—Lo, education:  
She it was who demonstrated  
To the anxious, willing mother  
How to isolate her Josie;  
Scrub her hands before and after  
Touching anything of Josie's;  
Keep her laundry and her dishes  
Sep'rate from the other children's—  
Boiled with care and all precaution.  
And, with model tact and insight,  
She suggested easier methods

To the mother in her housework;  
Showed her wholesale goods, and so forth;  
Made it possible to cover  
The expense of nursing visits;  
Learned the diet of the family,  
Told where best milk could be purchased,  
And she planned a balance menu,  
(When the mother asked her for it).  
Mary Smith, the little sister,  
Learned from a nurse to use a toothbrush  
Learned how milk would make her fatter,  
Fresh air make those cheeks grow rosy,  
Learned the soap cake's satisfaction.  
Johnny Smith once cut his finger.  
What a chance for demonstration!  
Here's the nurse's first-aid lesson.  
So the nurse advised a clinic,  
Told his mother of the danger  
If he didn't have it seen to.  
Now she learned that Johnny's father  
Had a cough that seemed suspicious,  
Sent him to a good dispens'ry,  
And, when diagnosed as "tb,"  
Supervised preventive measures  
For the others of the fam'ly  
Thro' the means of that dispens'ry,  
And provided for the father  
Sanitarium care,—the finest.  
Now comes in the chance for curing  
Problems—physical and social.  
Josie's nursing care for measles,  
Under orders from the doctor,  
Largely from the mother's learning  
Thro' the nurse, has cured that problem.  
Mrs. Smith had then no income,  
So the nurse suggested gently,  
That the C. O. S. could help her;  
And, with both the Smith's approval,  
They began investigations,  
Soon to find a long-lost brother—  
Diamond scarf pin, gloves, and gaiters—  
Volunteered to tide them over  
Till the oldest boy'd support them.  
Then the nurse, her duty ended,  
Passed to other public health work.

*Public Health Nurse.*

Published by Henry Street Settlement, New York.



# Private Duty Nursing Department



**Secretary-Treasurer**—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

**National Convenor**—Miss Edith Gaskell, 397 Huron St., Toronto.

**Convenor Press Committee**—Miss Isabel Crosby, 97 Avenue Road,

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**Quebec Representative**—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

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**Manitoba Representative**—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

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**Alberta Representative**—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

**British Columbia Representative**—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

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## Hospital Association, 1922

### ROUND TABLE

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#### SECTION D—NURSING

1. *Can a hospital attain the minimum standard with what is considered an incompetent nursing staff?*

Dr. Charles H. Mayo, Rochester, Minnesota: We are all interested in the care of the sick, which has been greatly changed from ancient customs. The modern methods, proved to be the best, are now accepted by the public. It is only a few decades since hospitals, some in truth hotbeds of infection, were looked on as places to die in, a place of refuge especially for the poor. They are now sought by the intelligent sick who desire the best possible care. No one factor has brought about this revolutionary change. The better knowledge concerning disease and its transmission and prevention, of the educated public who now demand more of the physician, has probably been the greatest factor in bringing about the reorganization; the development of public education in hygiene will be the next great factor.

The trained nurse has given nursing the human, or shall we say, the divine touch, and made the hospital desirable for patients with serious ailments regardless of their home advantages. The rich patient who can pay the price, the poor patient who can pay nothing, may secure the highest service in sickness. But how about the larger group of patients in the middle class, who, neither rich nor poor, would be glad to preserve their self-respect by paying to the limit of their ability? The key-note of hospital efficiency to-day or of any other great movement depending on combined effort is organization. So few hospitals pay their expenses that, like educational institutions, unless they are supported from a be-

quest, they must be assisted by charity or by the city, state, or some religious or similar organization to make up the yearly deficit. Can a hospital give the minimum standard of care without the most efficient help? The answer is "no" as opposed to public service and the support of standards of efficiency. Yet, if the hospitals have competent physicians, surgeons, internes, superintendents, and trained chiefs of nurses with intelligent and willing undergraduates, much can be accomplished to attain the minimum standard in a comparatively short time. The nursing and care of the sick is a matter of education, and ignorance may be overcome. Knowledge is acquired by a compelling force from within by desire, or from without by compulsion. No matter how efficient in general the nursing staff is, the hospital will not be safe and truly serve the best interests of the sick without supervision by some one in authority. This cannot be reversed; the most competent nursing staff cannot replace those who are responsible for the direction or the administration of the organization.

What can be done to maintain the efficiency and save the professional life and dignity of our nurses? Can we help them to help themselves? They are compelled to study and labor diligently for three years after having achieved a high standard of general education. They are over-trained for nurses and under-trained for physicians. It is true that the training is good for them; the greater number marry, and the wide, general knowledge they have acquired is, in fact, of more value to them, their children, and the communities in which they live, than are college degrees, as it contributes to better national health and a more practical citizenship. The records of St. Mary's Hospital in Rochester show that of the nurses graduating for the ten years preceding the last three years' class of four years ago, thirty-one per cent. are married. If, then, excluding the last three-year graduates, two per cent. are out of work, only forty-three per cent. are left in the service of the previous ten-year period that has taken the nurses three years of hard, continuous study and work to learn, as long in actual time spent as it takes to study medicine and three to four times as long as it takes to acquire a degree as osteopath or chiropractor. It is evident that the foundation requirements are too high for the average demand, and in all fairness must be made a little higher for specialization, and by giving added responsibilities in positions as technical assistants, or the period of training must be shorter in conformity with requirements for ordinary nursing duty in order that a greater number may obtain the benefit of this educational training.

The course of training should be two years with post-graduate study for the third year, which should be optional, and it should be possible to take it at any time desired, so that those who remain in the work may fit themselves for the work in which there is greater opportunity for service and securing personal distinction. Chief nurse in the hospital, chief surgical nurse, nurse in dressing service, anaesthetist, county, city and school nurse, industrial and child welfare nurse, dentist's aid, physician's aid, and laboratory technician, are but a few of the many positions wait-



ing. It is far from my desire to destroy nursing standards; on the contrary, I wish to advance them for those who remain in the profession with a demand for recognition of ability, responsibility, and honor which will then be accorded.

The patient sends for the physician first. The physician secures a nurse if desired, or he sends the patient to the hospital where a nurse in rotation is assigned by the superintendent. The physician or surgeon must assume the responsibility, even though death occurs from accident in care.

Any labor union in which the candidate draws pay or receives only board and lodging while in training, as does the bricklayer, plumber, and carpenter, protects the job by limiting the number of apprentices. In professional life there is some danger in over-organization. The nurse, in accepting unionism, must carefully watch the policies of the organization that they be maintained along professional lines with their legislative efforts directed unselfishly to better care of the sick. As a physician, I am proud that legislative acts sponsored by them, with the one exception of that sponsored by medical anaesthetists, have always been in the interest of public health without thought of advantage to the profession. The physicians' services are always at command for charity, which service the nurse cannot give.

In the interest of the sick I strongly advocate a return to the two-year course as a minimum standard of nurses' training and the development of post-graduate work with a special diploma for advance training. In urging this, I wish to call attention to the fact that in the Great War the medical department under the surgeon-general was developed to the highest efficiency by the valuable aid of the leaders of the department of nurses in Washington, and in the service abroad and at home. Most of the leaders in this group were themselves two-year graduates, thoroughly capable and most devoted to their work.

It has been suggested that those who possess a high-school certificate should be graduated in two years from a course in general nursing, and those desiring training in special branches continue or take such training at a later period. In some progressive cities, such as Minneapolis, the theory of nursing with the fundamental branches is now given as a vocational training course with six months of practical work in a convalescent hospital in the public system.



# Department of Nursing Education



## President's Address

To the Members of the Canadian Association of Nursing Education:

It is with the deepest regret that I find it necessary to address a letter to you, at this, the fifteenth annual meeting of our Association, instead of being able to express my good wishes in person. I need not tell you that it was only after much thought, and the realization that my duties here had my first call, that I was forced to decide that I could not attend. I specially feel it, owing to the fact that our Secretary, Miss McNeel, resigned during the year, also that the Treasurer, Miss Potts, may not be present, and I fully realize what it means to the presiding officer to take over the work at this the eleventh hour, and to her I wish not only to express my regret, but a very deep sense of appreciation. To Miss Catton, also, I would like you to express the thanks of the Association. Miss Catton took over the duties of Secretary at a time when the arrangements for this Convention were under way, and when there was a great deal of clerical work to be done, and with very little opportunity of reviewing the work with anyone who knew what had been done.

I have not a great deal to report for the past year, but your Executive has at its different meetings dealt with the routine work of the Association, and I think the largest piece of new work lies in whatever action you take after hearing the report of the Convenor of the Committee on the Student Christian Movement, which I am sure you will all feel is needed in our Training Schools. Just how best to carry out constructive religious and social activities among our students is a very big question. Personally I would like the policy to be as broad as possible, taking in such work as English and Dramatic Classes, as well as actual religious instruction or religious services, so that our students in training will develop as women citizens as well as be healthier and happier, and I feel sure that any recommendations or suggestions we may send out to the hospitals as a result of your discussion will be welcomed.

With regard to the standardizing of our teaching methods. One looks forward to the time when positions as Instructress in small Training Schools will be as attractive to the right type of woman as in larger schools, as there is no doubt in my mind that that, and affiliation with the larger centres, is the only solution by which the small hospitals can give as good and as fair a training as the larger ones, and do away with the tragic effort of keeping up the supply of applicants, when for the most part these applicants realize the personal advantages of the larger training school, and also that we will think in terms of just as great enthusiasm of the teaching of a group of ten pupils in Hospital "A" as



the group of fifty pupils in Hospital "B", provided "A's" presentation of the curriculum is as satisfactory as "B's". It always has seemed unfair to me to hear the almost apologetic way that some of the superintendents of small hospitals will speak of the impossibility of their pupils doing this or that because of the size of the hospital, yet the hospital does not hesitate to continue having a training school. The education of the Boards of Management is undoubtedly the solution for this.

The idea of the small hospitals offering as attractive positions as the larger, or of offering as good opportunity of experience is possibly new, but in this we must continue to be sufficiently progressive in our organization to think nationally, which means the best method of education for our nurses in every type of hospital throughout the Dominion.

I, unfortunately, owing to sickness, was unable to attend the fall executive of the National Council of Women at Woodstock, and was unsuccessful in getting a substitute, but Miss Catton acted for me at the spring meeting which was held at Ottawa, and she will doubtless give a report. It is regrettable that the annual meeting of the C. N. of W. again falls on the same dates as the C.N.A.T.N. and our own meeting, as it is not only good for us to be represented, but helpful to know what is going on in the other women's organizations, even although the majority of our members are also members of their own L. C. of W.

I had the honor of representing the Ontario Chapters of the C. A. N. E., at the invitation of the Ontario Medical Association, to a meeting of their Committee on "The Inter-relation of the Medical Profession with other Public Organizations." This committee was created last year for the purpose of finding out how the medical profession could best help them, and how they in turn could help the medical profession. Representatives of many public bodies were present, such as the United Farmers' Association, the organized women of the Farmers' Association, Workmen's Compensation, Faculty of Dentistry, Labour, Etc., and it was most interesting to hear their points of view and their difficulties. I, as your representative, said we had not much to offer but would gladly take back any suggestions. Although one thing I did ask was that they should realize the difficulties of smaller hospitals in the province where the members of the medical staff were as a rule general practitioners, and where lecture courses were as a result so often interrupted, and that when a medical man accepted an appointment on the staff of a hospital with a Training School, that he had a responsibility in giving instruction. So often we find a marked irritation on the part of medical men when their course of lectures is due, or a procrastination that is very trying to the Superintendent of Nurses, who has only a given time to get in the full number of lectures, instead of the doctor as a member of the staff not being interested but also feeling his responsibility in the curriculum that is being given in his hospital.

Once more we have resolutions before us which means that the fate of our organization is to be discussed and decided, and I earnestly pray and hope that whatever decision you make will be in the unquestionable

interests of nursing education and under-graduate nurse problems. As an organization, we must of necessity be small in membership, owing to the fact that the percentage of nurses taking up administrative work is limited, but this does not lessen its importance and its work—the education of the nurse of the future—which can only be done by those who are voluntarily and directly interested in it. I ask you to realize that our Association cannot cease without the approval of the majority of the members, and, should you feel that it has a definite field in the nursing world, I hope that it may go on doing this work with the support of all those interested in nursing education, and only cease when the time comes that we feel this work can be better accomplished in some other way. I think that time has not yet come. Should any other action be taken, I am presuming it will be with the hope that the work can be done equally well or better, but it will be with much sadness that we would lay to rest the Canadian Association of Nursing Education—our first Canadian Nursing Association and the parent of our National Association. Think carefully, and I am sure you will act wisely.

It may interest you to know that, while in Britain recently, I was fortunate in being present at the annual meeting of the Matrons' Council of Great Britain and Ireland. The meeting was almost entirely taken up with the business of registration and some of the difficulties, but the guest of the day was Miss Ellen La Motte, whom probably many of you know (author of "The Tuberculosis Nurse"), who gave a very interesting, though somewhat surprising, talk on "The Illicit Traffic in Opium" and her experiences of its results in America. Unfortunately Miss La Motte stated quite authoritatively that the bulk of opium (many hundred per cent. more than was necessary for the world's medical needs) was grown in India, and asked the personal help of all those present in propaganda with such men as members of Parliament, etc., to do what was in their power to stop this condition. The education of public opinion is undoubtedly the only hope for its cessation.

Again, my dear members, may I offer you my warmest greetings, my sincerest regret—more deep than I can say—that I cannot be with you, my apologies for any failures or shortcomings during my tenure of office, and my most cordial support to my successor. In your deliberations I ask you not to let sentiment play any part, but to decide in all things that which you feel is best for our particular work—Nursing Education.

Most affectionately yours,

GRACE E. FAIRLEY, President,  
Canadian Association of Nursing Education.

June, 1922.



A precious thing is all the more precious if it has been won by toil and economy.

—*Ruskin.*



# Hospitals and Nurses



## NOVA SCOTIA

The annual meeting of the Graduate Nurses' Association of Nova Scotia was held in Halifax on October 11th, 1922. In addition to a most interesting business meeting, the members were addressed by Miss Ellis, visiting House-keeper on the staff of the Massachusetts-Halifax Health Centre; Miss Campbell, Chief Nurse of the Victorian Order of Nurses in Halifax, and Miss Liggett, of the Junior Red Cross Society. A musical programme was also provided and supper served after the adjournment of the meeting. Miss Watson, Provincial Vice-President from Yarmouth, was among those present.

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## NEW BRUNSWICK

Miss Margaret Murdoch, R.N., Superintendent of the General Public Hospital, St. John, recently underwent an operation for appendicitis.

The graduating exercises of the 1922 class of the Moncton Hospital were held on October 2nd in the Council Chamber of the City Hall. An attractive programme was arranged, which included music and several addresses. The members of the graduating class were Misses Jean Hamilton, Nellie E. Brydges, Isabelle G. Grant, Ruth Turnbull, and Hilda I. MacKinnon.

Prizes were given to members of the School as follows:— For General Proficiency in all subjects, including Deportment, Miss Florence Gillis (1923) was presented with a fountain pen by Dr. R. N. Hughes. For Bandaging, Senior Class, Dr. Ferguson presented a book to Miss Hattie Colwell (1923). For Bandaging, Junior Class, the same donor presented Miss Ella Butland (1904), with a book.

Following the exercises the graduating class and their friends were entertained at an informal dance held in the Hospital Annex, under the auspices of the Ladies' Hospital Aid.

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## QUEBEC

### WOMEN'S HOSPITAL.

#### MONTREAL

Dr. H. L. Reddy and Miss E. F. Trench attended the American Hospital Association at Atlantic City on September 25th.

### THE HOMEOPATHIC HOSPITAL OF MONTREAL

The graduation exercises of the Homoeopathic Hospital were held on October 27th. Mr. D. Allaird, President of the Board of Directors, presided, and presented the nurses of the graduating class with their diplomas and pins. Those graduating were Miss Nellie Horner, Miss Donald Campbell, Miss Florence Gear and Miss Mary Davis. The gold honor pin awarded for General Proficiency was won by Miss Nellie Horner.

Addresses were given by Mr. D. Allaird, Dr. A. R. Griffith, and the Rev. Dr. Dobson. Following the formal exercises a reception and dance were held

#### MONTREAL GENERAL HOSPITAL

After the business meeting of the October gathering of the Alumnae Association, a social evening was spent in sewing and knitting for the bazaar to be held on Nov. 22nd at the Ritz-Carlton Hotel in aid of the fund to buy, in the near future, it is hoped, a \$30,000 club house.

Miss Ingraham (M.G.H.) is in charge of the X-Ray Department at the Children's Memorial Hospital, Montreal.

Miss MacCammon is Assistant Superintendent at Jeffery Hales Hospital, Quebec.

Miss Kathleen Knight is taking the six months' course in X-Ray work at the M.G.H.

The members extend sympathy to Miss M. Duncan (1920) and Miss Brinton (1921) in the loss of sisters.

## ROYAL VICTORIA HOSPITAL, MONTREAL.

The result of the tennis tournament between teams of nurses from the Montreal General Hospital and the Royal Victoria resulted in the latter hospital winning the silver cup donated by Miss Helen R. Reid, B.A., and Mr. Arthur McBride.

The annual meeting of the Alumnae Association was held on October 11th in the Nurses' Home. At the election of officers, Miss Goodhue was unanimously re-elected President, Mrs. Roberts, Secretary, and Miss Pidgeon, Treasurer, for the ensuing year. Miss Hersey read an interesting report of the Convention at Edmonton, and Miss Preston (1922), who is sailing shortly for China, gave a brief sketch of the work she expects to do. After studying the language for a year at Peking, Miss Preston will take charge of a hospital being erected at Honan.

Miss Evelyn Eaton (1921) has sailed for Bombay, India, to join her sister, who is doing medical missionary work there.

Miss Kathleen Sanderson (1921) has succeeded Miss Wilson as Night Superintendent, Miss Wilson having sailed for her home in Scotland.

Miss Anne Bell (1919) has accepted a position on the staff of the University of Michigan Hospital, Ann Arbor, Mich.

Mrs. Eric Paice (Aline Pomeroy, 1912), who for the past year has been connected with the Social Service Department of the Hospital, has left for Pittsburgh, Pa., where she has accepted a position as visiting nurse at the Chalfont Steel Works.

Recent changes on the staff of the hospital are as follows:— Miss Goodfellow (1922) is now in charge of Ward F; Miss Beamish (1918) has been appointed head nurse of the 2nd Floor, Ross Pavilion.

Much regret is expressed at the death of Mr. Spall, a trusted and devoted employee of the hospital from the time the hospital opened. Mr. Spall lost his son, who won the Victoria Cross, in the Great War.

## QUEBEC CITY.

Miss Edna Giffen (1913) is Supervisor of Nurses at the New York Orthopedic Hospital, New York City.

Misses Constance Stewart (1921), Beryl Earl (1916), and Eileen Daly (1916) are on the staff of a New York City sanitarium.

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## ONTARIO

## KINGSTON.

The first autumn meeting of the Kingston Chapter of the G.N.A.O. was held on October 3rd in the Nurses' Residence, with Miss Maud Abernethy in the chair. Members of the Alumnae Association of the Hotel Dieu were welcomed into the chapter. After the routine business, the War Memorial Fund was discussed, and it was decided to give \$50.00 from the treasury of the chapter. Work for the winter was planned and the meeting adjourned, with serving tea by Miss Carey and her assistant, Miss Free. A large attendance of nurses was present.

## TORONTO WESTERN HOSPITAL A. A.

Miss Edith MacAlpine (T.W.H., 1904), has recently gone to China to take up work in connection with the Woman's Hospital. Before the war, Miss MacAlpine spent a number of years in Egypt and India, returning for duty in England and Canada during the war.

Miss Marion Wylie has resigned her position as Night Supervisor at the T.W.H. and accepted a position as Assistant Superintendent at the Kingston General Hospital. Miss Bishop (T.W.H.) has succeeded her.

Miss Ethel Harshaw has accepted a position as Supervisor of the Operating Room, MacKellar Hospital, Fort William.

Miss Elizabeth Shortreed has been appointed Night Supervisor at Stern Hospital, New York City.

Misses Ryde and Harvey have taken up industrial nursing with the Canadian Grafonola Co. and the Canadian General Electric Co.



## TORONTO GENERAL HOSPITAL.

Miss Elsie Bain, (T.G.H., 1920), who has been on the staff of the Health Department, has now accepted a position in the Social Service Department, Toronto General Hospital.

The party given annually for Miss Snively in honor of her birthday was held on Nov. 11th at the Nurses' Residence, where Miss Snively, Miss Gunn and Miss Hickey, President T.G.H.A.A., received the guests. Lavender and yellow "mums" were the prevailing decorations, and the tea tables were presided over by Mrs. Harold Ritchie and Mrs. Andrew S. Moorehead. Among the guests were the Superintendents of the various city hospitals, Miss Ewing, Miss Dyke, Miss Edgar, and many graduates of the school, among them being Mrs. St. John, Miss Underhill, Miss Annie Robinson, Miss Grace Hodgson, Mrs. A. Brown (nee Cruikshank), Mrs. Leeming Carr, Mrs. John Munro and Mrs. F. E. Dalley, all of Hamilton; Mrs. Gus Richardson, Miss A. J. Scott, Mrs. A. H. Paffard, Mrs. Mill Pellatt and her young daughter, Mrs. Wylie Carlton, and two daughters; Mrs. Muirhead, with her three tairies; Mrs. Roy Brown, and her lassie of eighteen; Mrs. Van Wyck and her fine son; Mrs. Hare, with son and daughter; Mrs. A. L. Davis and her daughter; Mrs. George Atcheson, with one daughter, a returned Nursing Sister and the younger a member of the 1922 class.

During the afternoon quite a number of doctors, who had been house men during Miss Snively's regime, came in to offer greeting to the honored guest. Altogether there were nearly three hundred guests present.

## HOSPITAL FOR SICK CHILDREN, TORONTO

The Alumnae Association entertained Mrs. Godson (Miss Brent) while she was visiting in Toronto, when many of the older graduates were present and enjoyed meeting the former Superintendent.

Miss Jacqueline Clapp (1920) has taken a position in the Government Hospital, Gold Coast Africa.

## LONDON

Miss Jessie Mortimer, Victoria Hospital graduate, has accepted a position on the staff of Beaver Valley Hospital, New Brighton, Penn.

Miss Florence Struthers (Victoria Hospital) is taking a special course in Public Health Nursing at Seattle, Wash.

Miss Helen Walker (Victoria Hospital) has been appointed Superintendent of Lloydminster United Municipal Hospitals, Lloydminster, Saskatchewan.

At the two days' meeting of the Ontario Division of the College of Surgeons, held October 16th and 17th in London, the nurses had a most interesting section meeting under the chairmanship of Dr. Malcolm MacEachern. Sessions were held at the Children's Memorial Hospital and the medical school, the scientific and clinical aspects of the nursing art being considered. Dr. MacEachern gave an address on Hospital Administration. The nursing profession was well represented, nurses coming from Toronto, Ottawa, Hamilton, Kingston, Peterboro, Chatham, Windsor, St. Catharines, Guelph, Galt, Woodstock, St. Thomas, and other parts of the province, showing their appreciation of the benefits derived from the sessions and the exhibits. The Roman Catholic hospitals were well represented by the Sisters, who thoroughly enjoyed the meetings.

Miss Annie Mackenzie presided at the opening meeting of the Victoria Hospital A.A., when Colonel the Rev. William Beattie gave an excellent address on the life of the nurse, with her faith used ever in a practical way. The business of the meeting dealt chiefly with the plans for a bazaar to be held in November, when the Association hope to raise a goodly sum towards their objective of \$1,200.00 towards the Canadian Nurses' Memorial Fund.

## WOODSTOCK

The annual graduation exercises in connection with the Woodstock General Hospital were held on the lawn of the Nurses' Residence, Sept. 29th, 1922. Col. Gartshore, of London, presented the diplomas, and Dr. D. J. Sinclair, M.P., addressed the class, consisting of Misses Mary MacVannell, Laurel Shaw, Hattie Chambers and Jane Read. A very enjoyable dance in the evening was given by the Ladies' Auxiliary.

A successful bazaar was held by the Alumnae Association of the Woodstock General Hospital on November 1st in aid of the Nurses' War Memorial.

## ST. MICHAEL'S HOSPITAL, TORONTO

Miss M. Power, graduate of St. Michael's Hospital, Toronto, formerly Superintendent of the Lynhurst Hospital, Toronto, has accepted a position as assistant agent with the St. Vincent de Paul Children's Aid Society.

\* \* \* \*

## MANITOBA

The Brandon A.G.N. resumed their monthly meetings and there are indications that this notably, energetic group has prepared for a busy winter. Monthly social meetings are planned as far ahead as April. The entertainment committee has undertaken to provide either speakers or a paper for the monthly meeting. Miss Margaret Gemmel gave an interesting and concise paper on Cancer. All members were invited by Miss S. P. Johnston, Superintendent of the Hospital, to join the nurses there at the Hallowe'en party. A most delightful evening was the result of this invitation.

\* \* \* \*

## SASKATCHEWAN

The resignation of Miss Jean Urquhart, Director of Junior Red Cross in Saskatchewan, has been received with regret by her many friends in this province, who also tender their congratulations to her on her appointment to a similar position in British Columbia. Miss Urquhart, during the war, was Matron in charge of the Saskatchewan Unit, and, after her demobilization, was appointed Director of School Hygiene for Saskatchewan, resigning this position to accept that of Director of the Junior Red Cross. Her friends all join in wishing her all success in her new field.

## SASKATOON

The November meeting of the Saskatoon Graduate Nurses' Association was held in the Lecture Room of St. Paul's Hospital, with forty-five members in attendance.

In response to a letter from the Military Chapter of the I.O.D.E., explaining the "Next-of-Kin" memorial plan, and suggesting that the Association have a part in it, it was decided that a tree should be provided by the Association in memory of the Saskatchewan Nurses who gave their lives during the war.

Miss Olive Key, ticket convenor for the benefit dance held on October 31st, gave her report, showing a credit balance of seventy dollars (\$70.00) for the Nurses' Memorial Fund.

Following the procedure of former years, the Association voted twenty-five dollars (\$25.00) to the Star Christmas Fund.

Dr. J. S. Browne gave an interesting lecture on "Rickets." The student nurses from the two hospitals were also present for the lecture.

Nurses Merrill, McGill, Hagarman, Noble, McLean, Sproule and Goodfellow were presented for membership in the Association, and placed upon the waiting list.

The meeting adjourned after the serving of refreshments.

## WEYBURN

Miss Ruth Hicks (W.G.H., 1911), Lady Superintendent of the Weyburn General Hospital, who has recently recovered from a serious illness, is now in Winnipeg convalescing.

## REGINA.

The Regina Branch of the S.R.N.A. held a most successful bazaar on the afternoon of Armistice Day, the funds to be devoted to the National Nurses' Memorial Fund. The total proceeds were over six hundred dollars, and, as the expenses were very small, almost the whole amount will be forwarded to the Memorial Fund.

Miss Elda M. Lyne proved a most efficient general convenor, and she was most ably assisted by the following nurses: Miss Jean Urquhart, in charge of the tea tables; Miss Jessie MacLeod, in charge of the infants' table; Mrs. MacGillivray, the apron table; Miss E. Thomas, the miscellaneous table; Miss May Lauder, the home cooking table; and Mrs. Van Valkenburg, in charge of the advertising. The nursing staff of the Sanitarium at Fort Qu'Appelle, under the convenorship of Mrs. Adam, also provided material for one table—



this netted almost ninety dollars—which has also been forwarded by the Sanitarium nurses to the Memorial Fund.

Two raffles proved most popular—a Christmas cake, presented by Mrs. W. A. Thomson, brought in over forty dollars; and the French doll, Yvonne, presented by Miss Jean Urquhart, with her wonderful trousseau provided by Mrs. Van Valkenburg and Miss Huby Simpson, brought fifty dollars.

Miss Elizabeth Fleming (R.G.H., 1917) has accepted the position as Night Supervisor of the Regina General Hospital.

Miss Ethel E. Ross and Miss E. Williamson (New York City Hospital graduates of 1908), who have been for the past ten months on the staff of the Regina General Hospital, have left Regina.

The Staff Nurses and Training School of the Regina General Hospital held a reception in the Nurses' Home to welcome their new Superintendent of Nurses, Miss Isobel McKinnon. The doctors of the city and their wives, as well as other friends of the nurses, were invited,—in all over two hundred guests were present. Upon behalf of the Training School, Miss Nina Gustafson, one of the senior pupils, read an address of welcome, and a beautiful bouquet of roses was also presented to Miss McKinnon. Many were the good wishes expressed to Miss McKinnon, the first Regina General graduate to take charge of the Training School, with promise of such hearty co-operation from the nursing and medical staff, that Miss McKinnon's success should be assured.

\* \* \* \*

## ALBERTA

### LAMONT

Miss Ruby Manton (Lamont Public Hospital, 1919), has joined the staff of the Victorian Order of Nurses, London, Ont.

### CALGARY.

At a special meeting of the C.A.G.N. in the Y.W.C.A. parlors on Tuesday evening, Oct. 24th, Miss M. E. Cooper, R.N., graduate of the Calgary General Hospital, 1917, was elected Registrar.

The usual business meeting was held in the Y.W.C.A. on Thursday evening, November 9th, Mrs. R. P. Stuart Brown, President, in the chair. Nominations were made for the election of officers for the local Council of Women. It was decided that a collection of cash be made from the members towards the Y.W.C.A. bazaar, as, owing to the various duties and whereabouts of the members, it was difficult to promise any assistance at a booth.

\* \* \* \*

## BRITISH COLUMBIA

A Graduate Nurses' Association has been formed in Prince Rupert recently, and the following are the officers for the ensuing year: Miss Gillingham, President; Mrs. Carruthers, Vice-President; Mrs. Hutchinson, Prince Rupert General Hospital, Secretary-Treasurer. Meetings to be held at the hospital the first Monday of each month.

The association held their first social function when they undertook a "bridge" party for the Memorial Fund. It was very successful, and the proceeds were \$25.00 for the fund.

### NEW WESTMINSTER

Miss L. Saunder has recently been appointed Ward Supervisor, and Miss E. Chadbourne as Instructor at the Royal Columbian Hospital, New Westminster.

The G.N.A. of New Westminster held a successful rummage sale recently in aid of the Nurses' Memorial Fund and raised \$105.00 for it.

Miss Blanche Wells, R.N. (Newport Hospital, Newport, R.I.), has resigned her position as Operating Room Supervisor at the Royal Columbian Hospital, New Westminster, to take charge of the Revelstoke Hospital.

Miss E. Swanson, R.N., and Miss G. Taylor, R.N., are spending some time at the residence of Miss Swanson, Anyox, B.C.

## VICTORIA

A most successful ball was held in the Armory, Victoria, on Thanksgiving night by the Graduate Nurses of Victoria in conjunction with the Fifth Regiment, C.G.A., and the Sixteenth Canadian Scottish Regiment. Part of the proceeds was devoted to the Memorial Fund of the Canadian Nurses, and will help to increase the sum allocated to them for this purpose. Among the nurses on the committee were Mrs. Bullock-Webster, Miss M. E. Morrison, and Mrs. Osborn.



The spider weaves with a silken thread,  
He clings as he spins, and gorges ahead;  
He falters not, and ne'er looks back,  
As he winds and twines his thread of track—  
A cob-web loom.

On the river called life, in our frail canoe,  
We drift, or paddle abreast the tide, through  
Shoals of doubt, to breakers ahead;  
Winding and turning as on we are lead—  
Till crack o' doom.

No waves of doubt will hamper the speed  
Of the craft that follows the spider's lead.  
Then cling to hope, nor falter, nor turn  
Successful billows into gloom—read, mark, learn,  
Think successfully,

Quietly, serenely, restfully, hopefully, trustfully,  
peacefully, joyfully.

M. A. G.



## CHRISTMAS CAROL

As I kept watch beside my sheep  
An Angel brought me news to keep.  
He said, "There shall be born this night  
A little child of love and light.  
Glory on high and peace below,  
O Benedicamus Domino.

He said, "The child lies in a stall,  
But He shall bless the wide world all."  
I saw the stall and Holy Child—  
I could not leave that Presence mild,  
Glory on high and peace below,  
O Benedicamus Domino.

The Child upon me turned His eye  
And in His hand my heart laid I.  
When I went home, the Child with me  
Went and would never parted be.  
Glory on high and peace below,  
O Benedicamus Domino.



## BIRTHS

**Clarke**—At the Private Patients' Pavilion, Toronto General Hospital, Toronto, on November 5th, 1922, to Mrs. George Clarke (Jessie Paxton, Toronto General Hospital, 1916), a son.

**Findlay**—At Montreal, on October 24th, 1922, to Mr. and Mrs. F. R. Findlay (Mabel Trenholme, Royal Victoria Hospital, Montreal, 1912), a son and daughter.

**Hamilton**—On October 6th, 1922, at the Soldier's Memorial Hospital, Campbellton, N.B., to Mr. and Mrs. A. M. Hamilton (Nursing Sister Mary Shaw, Winnipeg General Hospital), a daughter, Marguerite Kathleen.

**Parks**—On September 24th, 1922, at the Jeffery Hales Hospital, Quebec, to Mr. and Mrs. H. Parks (Hazel Sharpe, Women's Hospital, Montreal, 1920), a son.

**Perry**—In Australia, to Mr. and Mrs. Gadcoden Perry (Bessie Mitchell, Hospital, Chatham, Ont., 1917), to Paul M. C. Rourke.

**Spence**—On September 24th, 1922, to Mr. and Mrs. Frank Spence (Nursing Sister Jean Bennett, Toronto Western Hospital), a daughter.

**Turner**—At Meyronne, Sask., on September 26th, 1922, to Mr. and Mrs. A. Turner (Effie Fumerton, Regina General Hospital, 1919), a daughter, Margaret Loman.

**Watson**—At Duncan, B.C., on July 21st, 1922, to Dr. and Mrs. Herbert N. Watson (Eleanor Matthews, Vancouver General Hospital, 1918), a daughter.

**Windeler**—At Summerland, B.C., on October 14th, 1922, to Dr. Eric and Mrs. Windeler (Jennie Johnston, Vancouver General Hospital), a daughter.

## MARRIAGES

**Donaghue-Perry**—At the Anglican Church, Eastwood, Ont., on September 28th, 1922, Blanche Perry (Woodstock General Hospital, 1918), to Mr. William Donaghue, of South Porcupine, Ont.

**Embertson-Stafford**—On October 18th, 1922, Frances Louise Stafford (Lamont Public Hospital, Lamont, Alberta, 1918), to Lewis Henry Embertson, Wetaskiwin, Alberta. Miss Stafford has been Matron of Wetaskiwin Hospital for the past two and a-half years.

**Fleming-Malcomson**—October 17th, 1922, at the home of the bride's parents, 84 Rusholme Road, Toronto, Margery Malcomson (Toronto General Hospital, 1919), to Gordon Fleming, Toronto.

**Hooper-Weber**—At Fresno, Calif., on October 24th, 1922, Anne Elizabeth Weber (Oshawa General Hospital), to Mr. Earle L. Hooper, of Fresno, California.

**Love-McDonald**—On October 16th, 1922, Florence Agnes McDonald (Lamont Public Hospital, Lamont, Alberta, 1922), to Brittain Innis Love, V.S., Lamont, Alberta.

**MacGregor-Long**—At Vancouver, on October 24th, 1922, Ada B. Long (General Hospital Edmonton, Alberta), to Mr. Harry J. MacGregor. Mr. and Mrs. MacGregor will reside in Vancouver, B.C.

**McQuillen-Gigniac**—On September 14th, at the Sacred Heart Church, Toronto, Marie Louise Gigniac (St. Michael's Hospital, Toronto, 1915), daughter of the late Mr. and Mrs. Louis Gigniac, of Lafontaine, to Mr. James McQuillen, of Richmond Hill, Ont.

**Rourke-Masterson**—On July 1st, 1922, Lylia C. Masterson (St. Joseph's Hospital, Chatham, Ont., 1917) to Paul M. C. Rourke.

**Scott-Copeland**—At Toronto, Ont., on November 3rd, 1922, Ruth Kathleen Copeland (Hospital for Sick Children, Toronto, 1920), to Walter Ellis Scott, of Penetang.

**Spencer-McQuarrie**—On August 2nd, 1922, at Sydney N.S., Marguerita McQuarrie (Toronto General Hospital, 1921), to Major R. A. Spencer, Professor of Engineering, University of Saskatchewan, Saskatoon, Sask.

**Symms-James**—At the Lion Church, Silverton, B.C., on August 24th, 1922, by the Rev. H. W. Stevenson, Gertrude Helen, eldest daughter of Mr. and Mrs. W. L. James, of Silverton, B.C. (Provincial Royal Jubilee Hospital, Victoria, B.C.), to Edward George Symms, of Orient, Wash. Mr. and Mrs. Symms will reside in Sandon, B.C.

**Torrie-Sloane**—On October 19th, 1922, Margaret Sloane (Lamont Public Hospital, Lamont, Alberta, 1922), to Duncan Torrie, of Mundare, Alberta.

**Wallace-Kohler**—On July 20th, 1922, Ethel Kohler (Toronto Western Hospital, Toronto, 1917), to Robert E. Wallace.

**Watt-Mosher**—At Nelson, B.C., on September 26th, 1922, E. Maude Mosher, Victoria General Hospital, Halifax, N.S., and Nursing Sister C.A.M. C.), to Mr. James W. Watt, of Trail, B.C.

**Werritt-Woolley**—On September 12th, 1922, in Simcoe, Ont., Grace Kerr Woolley (Woodstock General Hospital, 1918), to Mr. Norman Werritt, of Simcoe, Ont.

**York-Doyle**—On September 12th, 1922, Isabel Doyle (St. Joseph's Hospital, Chatham, Ont., 1919), to Aylmer York.

## DEATHS

**Brown**—At her home in Orillia, Ont., Mary Sawers (Toront Western Hospital, Toronto, 1905), beloved wife of Dr. William Brown, passed away after a long illness. After graduating, she became Supervisor of Operating Rooms, then Assistant Superintendent of the T.W.H., and previous to her marriage was Superintendent of the Orthopedic Hospital, Bloor St., Toronto.

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In moments of hardship remember that all things work together for good to them that love God. Wherefore be markedly composed when you are in a difficult place.

—Bp. Brent.

---

I could not live in peace if I put the shadow of a wilful sin between myself and God.

—George Eliot.

## SAFETY FIRST

"Safety first" is a good maxim in most things, but particularly so in relation to the investment of money. The rich may afford to speculate and to take the risks attendant on high rates of interest. Those whose means are moderate must be careful to see that there is absolute security in their investments. For such people there is no other form of investment which takes such a high rank, combining absolute security with liberal interest, as the bonds of the Dominion of Canada. Holders of Dominion bonds bearing five and a-half per cent., maturing December 1, 1922, can re-invest their money at the same rate of interest by exchanging the old bonds for new ones running for either five years or ten years, as the bondholder may prefer. Arrangements for carrying out this exchange can be made through all the chartered banks.





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## — WANTS —

### EXECUTIVE SECRETARY

Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N., 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.



Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department \$80. per month and maintenance.

Address General Superintendent of Training Schools.

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—Hugh Black.

Hinges of true friendship never grow rusty.

Among the smaller duties of life I hardly know one more important than that of not praising where praise is not due.

—Sydney Smith.



### THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA HALIFAX.

President, Miss Laura M. Hubley, Cogswell St. Hospital, Halifax City; Honorary President, Miss Katherin Graiene, Health Center No. 1, Gottingen St., City; Rec. Secretary, Miss Gertrude Crosby, 344 Gottingen St., City; Corresponding Secretary, Miss A. M. Goddard, Health Center No. 1, Gottingen St., City.



### THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President, Miss Margaret Murdock, General Public Hospital, St. John; Vice-Presidents, Misses S. E. Brophy, A. Branscombe, A. J. MacMaster, E. Keyes, V. Winslow, B. Budd, Rev. Sister Carrol; Recording Secretary, Miss Maud E. Retallick; Corresponding Secretary, Mrs. T. B. Reynolds, 21 Kennedy Place, St. John; Treasurer, Miss E. J. Mitchell, Gen. Pub. Hosp., St. John; Additional Members, Misses B. B. Howe, H. T. Meiklejohn, D. E. Coates, L. Gregory; Registrar, Miss A. MacMaster, Moncton, N.B.; Public Health Convenor, Miss H. T. Meiklejohn, 134 Sidney St.

"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

### ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

### OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

### THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig. Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

### THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Honorary President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Leguin, 1540 St. Herbert St., Montreal; First Vice-President, Miss Frances, Women's Hospital; Second Vice-President, Mrs. Kirk, 2289 Waverley St., Montreal; Secretary-Treasurer, Miss Thomson, 1003 Dorchester St. W.

Convenors of Committees—Finance, Miss Trench; Sick Visiting, Miss L. Drew, Miss Francis.

Representative to "Canadian Nurse," Miss S. Dewar, 786 Shuter St., Montreal.

Regular Monthly Meeting, third Wednesday at 8 p.m.

## CLEVELAND MATERNITY HOSPITAL AND DISPENSARIES OF WESTERN RESERVE UNIVERSITY

has, in the interest of obstetrical nursing, assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliations with General Hospitals.

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Preliminary Course, 4 months, given at hospital of Student Affiliation.

Medical Nursing .....	6 months
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Diet Kitchen .....	2 months
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Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin .....	6 months

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Mothers .....	2 months
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Books, uniforms and maintenance throughout.

Four weeks vacation each year.

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A Post-Graduate Course of four months is arranged for graduates of accredited schools. Maintenance and \$25.00 per month for uniforms and books is allowed.

The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

Apply, Superintendent, Maternity Hospital,  
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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

**THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL, QUE.**

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Beuchanan, Taylor, Swan, Barr, Sanders.

Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

**THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL**

President, Miss Mabel Davies; First Vice-President, Miss Holt; Second Vice-President, Miss Frances Reed; Recording Secretary, Miss Kirkland; Corresponding Secretary, Miss Miriam Gray; Treasurer Sick Benefit, Miss Henrietta Dunlop. Executive Committee, Misses F. M. Shaw, Winifred Scott, Nora Tedford, F. Struim and Ruth Loggie; Sick Visiting Committee, Misses C. S. McLeod, Bessie Briggs, Jane Home and Gwendoline Nichol. Representatives to Local Council of Women, Mrs. F. Lamb and Miss Hardinge; proxies, Miss Holt and Mrs. Hardwick.

Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

**THE CANADIAN NURSES' ASSOCIATION, MONTREAL**

President, Miss Phillips, R. N., 750 Urban Street; First Vice-President, Miss Daisy Hay-Brown, R. N. 39 St. Lulle Street; Second Vice-President, Miss Florence Thomson, R.N., 165 Hutchison St.; Secretary-Treasurer, Miss Susie Wilson, R.N., 638a Dorchester St., W.; Registrar, Miss Lucy White, R.N., 638a Dorchester St. W.; Convener, Miss Georgie Colley, R.N., (Griffintown Club), 261 Melville Ave., Westmount.

Regular Meeting, First Tuesday, 8 p.m.

**ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.**

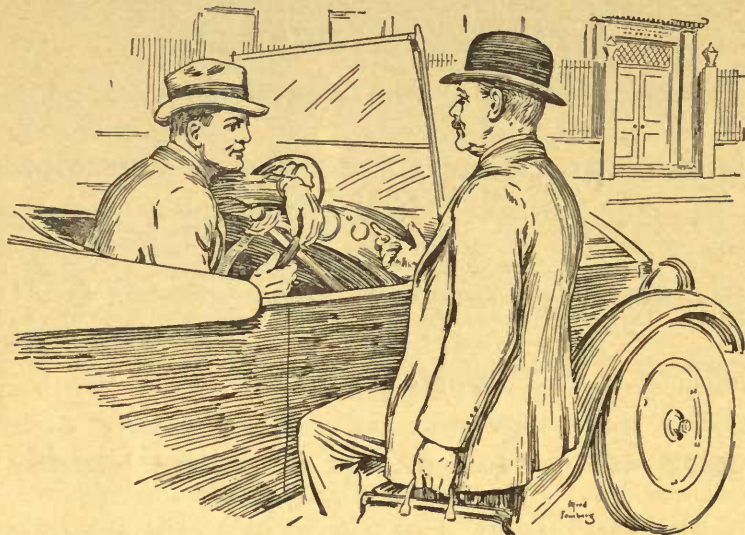
President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.

**THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONTARIO.**

Honorary President, Mrs. Wickle, R.N., Fergus Hospital; President, Miss Helen Campbell, Woman's College Hospital, Toronto, Ont.; Vice-President, Miss Elizabeth Hansen, Christie Street Military Hospital, Toronto; Second Vice-President, Mrs. A. Hutchison, Fergus; Recording Secretary, Miss Marion Petty, Royal Alexandra Hospital, Fergus, Ontario; Corresponding Secretary, Miss Jean Derby, Victorian Order, 281 Sherbourne St., Toronto, Ont.; Treasurer, Miss Bertha Brillinger, 1725 Dufferin St., Toronto, Ont.

Press Representative—Miss Jean Campbell, 72 Hendrick Ave., Toronto, Ont.

Regular Meeting—First Monday of every month.



DR. JUNIOR: "Before we go in, Doctor—you often speak of aborting pneumonia."

DR. SENIOR: "That is something which seems to you impossible——"

DR. JUNIOR: "Well, pneumonia—once it is clearly diagnosed—being a bacterial disease——"

DR. SENIOR: "Exactly. But, without the other inflammatory concomitants—impeded circulation with stasis—dead and dying (that is starved) blood cells—red and white; congestion of parts, favoring the pneumococcus with ample sustenance—; all these so-called mechanical factors, can be quickly, safely, antiseptically relieved by the prompt application of Antiphlogistine."

DR. JUNIOR: "It looks like plain, common sense, Doctor——"

DR. SENIOR: "Which all true science is. It is 'plain,' that is logical. It is 'common,' that is in the meaning that it belongs to everybody. The only trouble is that a few of us wish to keep ourselves excluded from the common lot."

DR. JUNIOR: "After all, though—my idea of a physician is the man who seeks first the relief and comfort of his patient, and who, having done his best to effect that, employs his leisure to go deeply into the mooted questions of scientific discussion."

DR. SENIOR: "In treating pneumonia do not overlook the important fact that Antiphlogistine assists the patient to exactly what he absolutely requires, Ease,—Rest,—Sleep——"



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Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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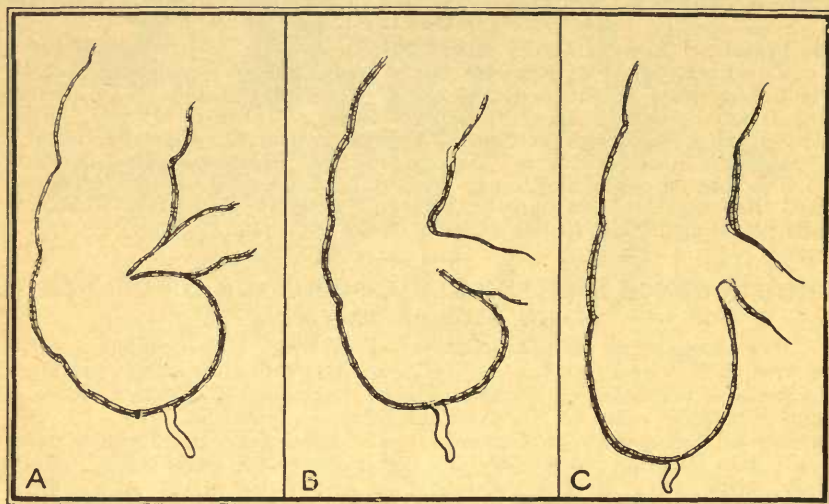
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Regular Meeting—First Tuesday, 4 p.m.

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Programme Committee—Misses Moyer, Freely, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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Regular Meeting—First Monday, 3 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p.m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Executive Committee—Miss Ennis and Miss Mallock.

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Convener of Flower and Sick Committee—Miss Falls.

Press and Representative to "Canadian Nurse"—Mrs. D. Finlay.

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Incorporated March, 1917

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Incorporated April 19, 1916

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